

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114240

Entity Name: SPIRIT OF FLIGHT, LLC

FILED
Nov 24, 2009
Secretary of State

Current Principal Place of Business:

336 MAGNOLIA AVENUE, S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

336 MAGNOLIA AVENUE SW
WINTER HAVEN, FL 33880

Current Mailing Address:

POST OFFICE BOX 1
WINTER HAVEN, FL 33882

New Mailing Address:

POST OFFICE BOX 4
WINTER HAVEN, FL 33882

FEI Number: 26-1667148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HART, RICHARD S
336 MAGNOLIA AVENUE, S.W.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

HART, RICHARD S 1
336 MAGNOLIA AVENUE, S.W.
WINTER HAVEN, FL 33880 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD S. HART

11/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HART, RICHARD S
Address: POST OFFICE BOX 1
City-St-Zip: WINTER HAVEN, FL 33882

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: OLD T, THOMAS R
Address: PO BOX 4
City-St-Zip: WINTER HAVEN, FL 33882

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS R. OLD T

MGMR

11/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date