

L0800000/2090

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
AERO MANAGEMENT HOLDINGS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$377.50

1062

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000012090
1. Limited Liability Company's Name
Aero Management Holdings, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
4909 Manatee Ave W
Suite, Apt. #, etc.
City & State
Bradenton, FL
Zip
34209 Country
USA

3. Mailing Office Address
525 Airport Road
Suite, Apt. #, etc.
City & State
Hot Springs, AR
Zip
71913 Country
USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
02/04/2008

6. FEI Number
261908297 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
Suite, Apt. #, Etc.
City
Plantation State
FL Zip Code
33324

E-mail Address:
jbkirk@me.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Katherine Lackey Date 12-7-11
REGISTERED AGENT MUST SIGN Katherine Lackey, ASST. SEC.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Armstrong, Malcolm B	2235 Bent Creek Manor	Alpharetta, GA 30005
MGR	Audrain, Scott R	2500 Cedarwood	Germantown, TN 38138
MGR	Kirk, John B	1011 Saranac Park	Peachtree City, GA 30269

REINSTATEMENT 10-11-11

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 609.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.

Signature of Managing Member/Manager [Signature] Date 12/7/2011 Daytime Phone # 404.226.3804
Typed or printed name of filing Member/Manager John B Kirk