

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 FEB 22 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000016293

1. Limited Liability Company's Name

CPI AVIATION, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1517 Perimeter Road

3. Mailing Office Address

1517 Perimeter Road

Suite, Apt. #, etc.

SUITE 505

Suite, Apt. #, etc.

Suite 505

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33406

Country

USA

Zip

33406

Country

USA

4. State/Country of Formation

FLORIDA, / USA

5. Date Organized or Qualified  
To Do Business in Florida

Feb 18, 2009

6. FEI Number

26-4291786

☐ 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

Joshua E. Fletcher

Street Address (P.O. Box Number is Not Acceptable)

701 SOUTH OLIVE AVE

Suite, Apt. #, Etc.

APT. 2003

City

West Palm Beach

State

FL

Zip Code

33401

E-mail Address:

600222032066  
02/15/12--01022--016 \*\*516.25

accounting@CPIAVIATION.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

REGISTERED AGENT MUST SIGN

Date Feb. 7, 2012

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Joshua E. Fletcher	701 SOUTH OLIVE AVE APT 2003	West Palm Beach, FL 33401

REINSTATEMENT 2010-2012

DB

11. I certify that I am managing member/manager or 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 608.406, 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.817.155, F.S.

Signature of Managing  
Member/Manager

Date Feb 7, 2012

Daytime Phone #

561-801-5878

Typed or printed name of signing Managing Member/Manager

JOSHUA E. FLETCHER



February 7, 2012

State of Florida

To Whom It May Concern:

This letter is to address two points in the information being maintained in the State of Florida's records concerning our company, CPI Aviation, LLC.

The first pertains to the mistaken creation of an entity known as CPI Aviation, Inc. This is an inaccurate representation of our company's name and ownership arrangement. We wish to take appropriate steps to remedy the situation, to "dissolve" the entity and to release the name so that CPI Aviation, LLC can be reinstated.

Second, the status of CPI Aviation, LLC, is shown on an official website of the state as "inactive" in view of the company's failure to pay a fee. We wish to correct the situation immediately by paying the fee and being restored to "active" status.

Please note that both of these entities have the same ownership.

Enclosed are the necessary forms and checks to move this process forward.

Sincerely,

  
Joshua E. Fletcher, President

FILED  
12 FEB 22 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2012

CPI AVIATION, LLC  
1517 PERIMETER ROAD, SUITE 505  
WEST PALM BEACH, FL 33406

SUBJECT: CPI AVIATION, LLC  
Ref. Number: L09000016293

We have received your document for CPI AVIATION, LLC and your check(s) totaling \$516.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P11000064176.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 812A00007258