

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO9 000080384

1. Limited Liability Company's Name

Flight Choice International, LLC

301185014184
09/02/10--01023--002 \$4538.00

CR2E041 (05/10)

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

13615 South Dixie Highway

3. Mailing Office Address

12043 Mahogany Isle Ln

Suite, Apt. #, etc

114-514

Suite, Apt. #, etc

City & State

MIAMI, FLORIDA

City & State

FT MYERS FL

Zip

33176

Country

DADE

Zip

33913

Country

LEE

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

AUG 18 2009

6. FEI Number

27-0843814

☐ 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 DEBORAH A FREEMAN DEBORAH A FREEMAN

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

12043 MAHOGANY ISLE LANE

Suite, Apt. #, Etc

13615 SOUTH DIXIE HIGHWAY 114-514 PM 33176

City

FT MYERS MIAMI

State

FL

Zip Code

33913

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

Deborah A Freeman

REGISTERED AGENT MUST SIGN

Date 8/31/10

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
MGR	DEBORAH FREEMAN	12043 MAHOGANY ISLE LANE	FT MYERS FL 33913
MGR	DEBORAH A FREEMAN	13615 SOUTH DIXIE HWY	MIAMI FL 33176

11. E-mail Address: DEB7747@COMCAST.NET

(To be used for future annual report notifications)

12. 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.

Signature of
Managing Member/Manager

Deborah Freeman

Date 8/31/10

Daytime Phone # 88-31-2010

Typed or printed name of signing Managing Member/Manager

N. Culligan SEP 3 - 2010