


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 23 AM 9:38

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L09000108405

1. Limited Liability Company's Name

BARCLAY KLING AIRCRAFT SALES, LLC

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BK

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 139 SUNRISE AVE. #105		3. Mailing Office Address 139 SUNRISE AVE. #105	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country USA	Zip 33480	Country USA

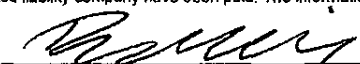
4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 11/10/2009	
6. FEI Number 80-0503219	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST.		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

400188077154
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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 Lamont W Jones, Assistant VP	Date 11/23/10
REGISTERED AGENT MUST SIGN	

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	BARCLAY C. KLING	139 SUNRISE AVE. #105	PALM BEACH, FL 33480
REINSTATEMENT 2010			

11. E-mail Address: <u>bkling@iclllease.com</u>		(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 		Date 11-19-10	Daytime Phone # 561-234-0854
Typed or printed name of signing Managing Member/Manager BARCLAY C. KLING			



CORPORATION SERVICE COMPANY

L090000108405

ACCOUNT NO. : I20000000195

REFERENCE : 587199 7735074

AUTHORIZATION

COST LIMIT : \$ 238.75

*[Signature]*

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 NOV 23 AM 9:38

ORDER DATE : November 23, 2010

ORDER TIME : 3:32 PM

ORDER NO. : 587199-005

CUSTOMER NO: 7735074

*[Signature]*

DOMESTIC FILINGS

NAME: BARCLAY KLING AIRCRAFT SALES,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
10 NOV 23 PM 4:16  
DEPT OF STATE  
DIVISION OF CORPORATIONS  
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