1 of 2

FILED
18 MAY -4 AM 11:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2015 - 2018

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name: L12000026912
AVIATION MAINTENANCE SERVICES INTERNATIONAL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1960 Hwy 98W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mena, AR	City & State
Zip: 71953 Country: U.S.A	Zip Country

4. State/Country of Formation: Florida / U.S.A
5. Date Organized or Qualified To Do Business in Florida: 02/24/2012
6. FEI Number: 68-0543646 ☐ 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: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 Southe Pine Island Road
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605 F.S.
Signature of Registered Agent: [signature] Peter Trawinski Assistant Secretary Date: 4/27/2018
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	Greg D Davis	11302 Williamsburg	Houston TX 77024

11. E-mail Address: phyllis@hamptonaviation.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 4/27/18 Daytime Phone #: 479-394-5240

Typed or printed name of signing Authorized Representative/Manager: Greg D Davis

FL110 - 01/28/2014 Wolters Kluwer CCH

K. ASHTON

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
AVIATION MAINTENANCE SERVICES INTERNATIONAL, LLC

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