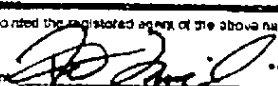
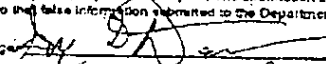


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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 MAY -4 AM 11:59

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2018		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT# L12000026912 1. Limited Liability Company's Name AVIATION MAINTENANCE SERVICES INTERNATIONAL, LLC			
2. Principal Office Address - No P.O. Box # 196 Hwy 980 Suite, Apt. #, etc.		3. Mailing Office Address State, 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 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 South 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  Peter Trawinski Assistant Secretary REGISTERED AGENT MUST SIGN Date 4/27/2018			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	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 submissions)			
12. I certify that I am an authorized representative/manager or the receiver/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  Date 4-27-18 Daytime Phone # 479-394-5290 Typed or printed name of signing Authorized Representative/Manager Greg D Davis			

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
AVIATION MAINTENANCE SERVICES INTERNATIONAL, LLC**

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