

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

15 OCT -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12 0000 50887

1. Limited Liability Company's Name

Avion Con Paracaidas, LLC

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

2073 Summit Lake Dr.

Suite, Apt. #, etc.

Suite 155

City & State

Tallahassee, FL

Zip

32317

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Summit Group International Management LLC

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

2073 Summit Lake Dr.

Apt. #, Etc.

Suite 155

City

Tallahassee

State

FL

Zip Code

32317

OCT -7 2015

L. SELLERS

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10/07/15--01001--010 **238.75

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

CHR Wh

REGISTERED AGENT MUST SIGN

Date

10/6/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Tierra Vista Group, LLC	2073 Summit Lake Dr. Suite 155	Tallahassee, FL 32317

REINSTATEMENT 2015

11. E-mail Address:

julie.schulz@summitgroup.biz

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

CHR Wh

Date

10/5/15

Daytime Phone #

850.251.2670

Typed or printed name of signing authorized representative/member

Claude R Walker Mar of Tierra Vista Group