

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13000043833**

1. Limited Liability Company's Name
Eze Air Solutions LLC

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

207 Harrisburg ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Zip

Country

33954

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name **Paul G. Faria**

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

207 Harrisburg ST.

Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33954

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

Paul Faria

REGISTERED AGENT MUST SIGN

Date **11-13-15**

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
Managing Member	Kathleen Faria	207 Harrisburg ST.	Port Charlotte, FL 33954
"	Ethan Faria	207 Harrisburg ST.	Port Charlotte, FL 33954
REINSTATEMENT 2015			NOV 18 2015
			L. SELLERS

11. E-mail Address: **ezeairsolutionsllc@outlook.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 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

Paul Faria

Date **11-13-15**

Daytime Phone #

941-764-6400

Typed or printed name of signing authorized representative/member