

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L13000158056

1. Limited Liability Company's Name

Aircraft Housing, LLC

700343000158056  
09/09/19 11:25

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

1148 Kelton Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1148 Kelton Avenue

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Ocoee, FL

Zip

34761

Country

U.S.

Zip

34761

Country

U.S.

CR2EC41 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/1/2014

6. FEI Number

27-4099088

☐ 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

Mark McCoy

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

1148 Kelton Avenue

Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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]*

REGISTERED AGENT MUST SIGN

Date

8/5/2019

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager(s)	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Mark McCoy	1148 Kelton Avenue	Ocoee, FL 34761

11. E-mail Address: mmcc55@earthlink.net

(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

Date

Daytime Phone #

407-417-2061

Typed or printed name of signing authorized representative/member Mark McCoy

FILED  
19 AUG -9 PM 2:26  
TALLAHASSEE, FLORIDA