


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

16 MAR 16 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right; font-weight: bold;">16 MAR 16 PM 4:03</div> <div style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>													
DOCUMENT # L14000110116																	
1. Limited Liability Company's Name Fighter Jet Partners LLC																	
2. Principal Office Address - No P.O. Box # 180 North Stetson Suite, Apt. #, etc. 29th Floor City & State Chicago, Illinois Zip Country 60601 USA		3. Mailing Office Address 180 North Stetson Suite, Apt. #, etc. 29th Floor City & State Chicago, Illinois Zip Country 60601 USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 7/11/2014 6. FEI Number <input type="checkbox"/> Applied For 47-1324216 <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional fee required for a certificate of status													
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 South Pine Island Road Apt. #, Etc. City State Zip Code Plantation FL 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 <u>Connie Bueya</u> Date <u>03/16/2016</u> <div style="text-align: center;">REGISTERED AGENT SIGN</div>																	
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Titles</th> <th style="width:30%;">Name of Authorized Representatives/Managers</th> <th style="width:30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Fighter Jet Partners II, LLC</td> <td>180 North Stetson, 29th Floor</td> <td>Chicago, Illinois 60601</td> </tr> <tr> <td colspan="3" style="text-align: center; height: 100px; vertical-align: middle;"> <div style="font-size: 48px; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> </td> <td style="vertical-align: top;"> <div style="font-weight: bold; margin-bottom: 10px;">MAR 16 2016</div> <div style="font-weight: bold;">R. HUNT</div> </td> </tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Fighter Jet Partners II, LLC	180 North Stetson, 29th Floor	Chicago, Illinois 60601	<div style="font-size: 48px; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>			<div style="font-weight: bold; margin-bottom: 10px;">MAR 16 2016</div> <div style="font-weight: bold;">R. HUNT</div>
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11. E-mail Address: <u>sfript@jetsupport.com</u>																	
(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 <u>Robert H. Book</u> Date Daytime Phone # <u>(312) 644-5905</u> Typed or printed name of signing authorized representative/member <u>Robert H. Book, Authorized Representative of the Manager</u>																	