PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 NOV 16 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MX Training System LLC

1. Limited Liability Company's Name

L18000055010

600376729406
11/16/21--01023--009 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4131 Centerline Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford Florida	City & State: Florida
Zip: 32773 Country: USA	Zip: 32773 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 03/01/2018

6. FEI Number: 82-4609188 ☐ 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: William E Boege III

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 4131 Centerline Lane

City: Sanford State: FL Zip Code: 32773

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 _____ Date: Nov 1, 2021

REGISTERED AGENT MUST SIGN

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
MGR.	William E Boege III	4131 Centerline Lane	Sanford FL 32773
MGR.	Rachel Lietzke	4131 Centerline Lane	Sanford FL 32773
	REINSTATEMENT		NOV 16 2021
			R. HUNT

11. E-mail Address: bill@propellerheadaviation.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 _____ Date _____ Daytime Phone # 818-209-3861

Typed or printed name of signing authorized representative/member William E. Boege III