

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L9500000862

02 DEC 20 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L95000000862

Name and Mailing Address

0003697 01 FP 0.352 \*\*PRSRT T2 0 0615 33401-532257  
THE AIRCAR SYSTEM LIMITED COMPANY  
400 CLEMATIS STREET, SUITE 207  
WEST PALM BEACH FL 33401-5322



12/20 2002

CR2E084 (8/02)

<b>2. New Mailing Address</b> 1501 S. Flagler Dr. E-2 City, State, Zip West Palm Beach, FL 33401		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> 400 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401 City, State, Zip West Palm Beach, FL 33401		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/08/1995	
<b>8. Name and Address of Current Registered Agent</b> MARGARITOFF, MICHAEL 400 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401		<b>6. FEI Number</b> #16 65-0627275 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Craig U. Kahle CPA Street Address (P.O. Box Number is Not Acceptable) 1501 Presidential Way #16 City West Palm Beach FL Zip Code 33401			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent <i>[Signature]</i> Date 10/20/2002 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARGARITOFF, MICHAEL	1501 S. FLAGLER DR E-2	WEST PALM BEACH FL 33401
MGRM	Margaritoff, Michael	1501 S. Flagler Dr E-2	West Palm Beach, FL 33401
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager *[Signature]* Date 12/20/02 Daytime Phone # 561-689-1220

Michael Margaritoff