

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 3:12

DOCUMENT # L97000000989

1. Limited Liability Company's Name

STAR AIR INTERNATIONAL, LLC.

2. Principal Office Address

2000 N. ESTRELLA CT, #205

Suite, Apt. #, etc.

3. Mailing Office Address

2000 N. ESTRELLA CT

Suite, Apt. #, etc.

205

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/05/97

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

FL 33410

Country

USA

Zip

FL 33410

Country

USA

6. FEI Number

65-0793547

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

AREZO M. FARR

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

2000 N. ESTRELLA CT. #205

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

9. 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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Jan 4, 2000

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Member James R. Weiland 506 Turtle Creek Dr Brentwood TN 37021

8000003148509-8

02/28/00-01002-002

*****50.00 *****50.00

REINSTATEMENT 99.00
dec

11. 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

Date 1-12-00

Daytime Phone # 561-285-7195

Typed or printed name of signing Managing Member/Manager

James R. Weiland