Division of Corporations

L98 00000 1431

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

GLOBAL JET CHARTERS, L.C.

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

AND FILED

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SECRETARY OF STATE

DOCUMENT # L98000001431

1. Limited Liability Company's Name
GLOBAL JET CHARTERS L.C.

REINSTATEMENT 1999-2002

2. Principal Office Address
1710 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

Zip 33309 Country USA

3. Mailing Office Address
600 S. ANDREWS AVE

Suite, Apt. #, etc.
400

City & State
FT. LAUDERDALE, FL

Zip 33301 Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
08/11/1998

6. FEI Number
65-0935117 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
BRUCE D. GREEN

Street Address (P.O. Box Number is Not Acceptable)
600 S. ANDREWS AVE

Suite, Apt. #, Etc.
400

City
FT. LAUDERDALE

State FL Zip Code 33301

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 _____ REGISTERED AGENT MUST SIGN Date 6-28-02

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	SHIRAZIPOUR, MAYER	1710 W CYPRESS CREEK RD	FT. LAUDERDALE, FL 33309
M	CCA FINANCIAL SERVICES, INC	1710 W CYPRESS CREEK RD	FT. LAUDERDALE, FL 33309

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 06-18-02 Daytime Phone# 954-771-8766

Typed or printed name of signing Managing Member/Manager MAYER SHIRAZIPOUR

CR2E031(01/01)