

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002638

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L98000002638 02 DEC 17 AM 11:10

Name and Mailing Address

0009395 01 FP 0.352 **PRSRT H2 0 0615 32303-475539
VEND AIR, L.L.C.
639 VONCILE AVENUE
TALLAHASSEE FL 32303-4755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 600009562056
12/17/02--01067--001 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/10/1998	
Principal Place of Business 639 VONCILE AVENUE TALLAHASSEE FL 32303	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3541121	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MOHRFELD, FRED 639 VONCILE AVENUE TALLAHASSEE FL 32303	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

Signature of Registered Agent Fred R. Mohrfeld Date 12/16/02

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	MOHRFELD, FRED R	639 VONCILE AVENUE	TALLAHASSEE FL 32303
MGRM	MOHRFELD, WARREN R	2415 WILLOW AVENUE	TALLAHASSEE FL 32303
<div>REINSTATEMENT 2002</div> <div>12/20/02</div>			

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 Fred R. Mohrfeld Date 12/16/02 Daytime Phone # 850-251-6148

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)