

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L99000000442

FILED

1. DOCUMENT # L99000000442
 Name and Mailing Address

02 DEC 19 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0005233 01 FP 0.352 **PRSRT T6 0 0615 33756-552850
 AIR-1 AIRCRAFT, LLC
 C/O JAMES A. MARTIN
 625 COURT STREET, SUITE 200
 CLEARWATER FL 33756-5528

800009601228
 12/19/02--01081--001 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 14609 AIRPORT PARKWAY CLEARWATER FL 33762		5. Date Organized or Qualified To Do Business in Florida 01/26/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3554246	
		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 COOPER, ROBERT L G 14609 AIRPORT PARKWAY CLEARWATER FL 33762		9. Name and Address of New Registered Agent Name Street City FL Zip Code	
		REINSTATEMENT 2002	

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: [Signature] Date: 12-15-02
 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
MGR	COOPER, ROBERT C	14609 AIRPORT PKWY	CLEARWATER FL 33762
MGR	MARKS, KEN	14609 AIRPORT PARKWAY	CLEARWATER FL 33762
MGR	MICHAEL BRUCE HALL	14609 AIRPORT PARKWAY	CLEARWATER FL 33762
MGR	BRANDON DAVID REMOVE	14609 AIRPORT PARKWAY	CLEARWATER FL 33762
MGR	THOMAS JOHN REMOVE	14609 AIRPORT PKWY	CLEARWATER FL 33762
			M THOMAS

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: 12-15-02 Daytime Phone # 727-539 6545
 ROBERT C. COOPER

CR2E084 (8/02)