

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 11:32

DOCUMENT # L 99000001403

1. Limited Liability Company's Name

JACEE AVIATION, LLC.

REINSTATEMENT 01-05

2. Principal Office Address

115 STEVENS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

115 STEVENS AVENUE

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3/8/1999

City & State

VALHALLA NY

City & State

VALHALLA NY

Zip

10595

Country

USA

Zip

10595

Country

USA

6. FEI Number

65-0915523

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

Concetta Cappelli

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

THE HEMISPHERES 1950 South Ocean Drive

Suite, Apt. #, Etc.

APT ON 16H

City

MALLANDALE

State

FL

Zip Code

33009

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

Concetta Cappelli

Date

3/18/05

REGISTERED AGENT MUST SIGN

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
MGRM	MICHAEL CARPELLI	115 STEVENS AVENUE	VALHALLA, NY 10595

600049890046
04/05/05 01023 025 ***355.00

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

Michael Cappelli

Date

3/24/05

Daytime Phone #

914-769-6500

Typed or printed name of signing Managing Member/Manager

MICHAEL CARPELLI