

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
NOV 15 AM 11:05

DOCUMENT # L99000005802

1. Limited Liability Company's Name

PEGASUS INT'L AVIATION, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

3. Mailing Office Address

301 N. CATTLEMEN RD

301 N. CATTLEMEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34232

34232

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/16/99

6. FEI Number

65-0960797

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT J. WOLSEY

800003478928-1

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

301 N. CATTLEMEN ROAD

-11/28/00--01097--005

****155.00 ****155.00

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

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 11/08/00

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
MGR	ROBERT J. WOLSEY	8944 FISHERMANS BAY	SARASOTA, FL 34231
MGRM	SHIRLEY M. PUTNAM	1715 W. HILLS AVE.	TAMPA, FL 33606

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

Shirley M. Putnam

Date 11/08/00

Daytime Phone # (941) 364-8886

Typed or printed name of signing Managing Member/Manager