

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

01 NOV 26 PM 4:15

DOCUMENT # L99000005802

1. Limited Liability Company's Name

PEGASUS INT'L AVIATION LLC

700004716737--7  
-12/10/01--01083--018  
\*\*\*\*155.00 \*\*\*\*155.00

2. Principal Office Address

1715 W. HILLS AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

Country

33606

3. Mailing Office Address

1715 W. HILLS AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

Country

33606

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 ☒

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT J. WOLSEY

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

8944 FISHERMANS BAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

*Robert J. Wolsey*

Date 11/19/01

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
MGR	ROBERT J. WOLSEY	8944 FISHERMANS BAY	SARASOTA, FL 34231
MGRM	SHIRLEY M. PUTNAM	1715 W. HILLS AVE.	TAMPA, FL 33606
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**REINSTATEMENT 8007**

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 11/19/01

Daytime Phone # (813) 250-0714

Typed or printed name of signing Managing Member/Manager

SHIRLEY M. PUTNAM