

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

5802

05 DEC 11 AM 11:00

1. DOCUMENT # L99000005802

Name and Mailing Address

0009289 01 AT 0.292 **AUTO T4 0 0615 33606-322215
PEGASUS INT'L AVIATION, L.L.C.
1715 W. HILLS AVENUE
TAMPA FL 33606-3222

800025419208
12/11/03--01019--031 **155.00



REINSTATEMENT

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/16/1999	
Principal Place of Business 1715 W. HILLS AVENUE TAMPA FL 33606	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0960797	Applied For Not Applicable
8. Name and Address of Current Registered Agent WOLSEY, ROBERT J 8944 FISHERMANS BAY SARASOTA FL 34231		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL	Zip Code
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 <i>Robert J. Wolsey</i> Date 12/8/03 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	PUTNAM, SHIRLEY M	1715 W. HILLS AVENUE	TAMPA FL 33606
MGR	WOLSEY, ROBERT J	8944 FISHERMANS BAY	SARASOTA FL 34231
REINSTATEMENT			

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 *Shirley M. Putnam* Date 12/08/03 Daytime Phone # 813-928-9696

Typed or printed name of signing Managing Member/Manager SHIRLEY M. PUTNAM