

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005896

1. Limited Liability Company's Name

Flight Line SRQ, LLC

FILED

02 OCT 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008410944

10/16/02--01087--014 **205.00

2. Principal Office Address

3626 U.S. HWY 301

Suite, Apt. #, etc.

3. Mailing Office Address

3626 US HWY 301

Suite, Apt. #, etc.

City & State

Ellenton FL

City & State

Ellenton FL

Zip

34222

Country

USA

Zip

34222

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

9/21/99

6. FEI Number

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

Blaylock, Landers, Walters & Oyler P.A.

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

802 11th St W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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 9/25/02

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
<u>MGR</u>	<u>Lawrence R Kemick</u>	<u>3125 Lakeside Cr.</u>	<u>Parrish, FL 34219</u>

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

Date 9/25/02

Daytime Phone # (941) 729-4431 x10

Typed or printed name of signing Managing Member/Manager

Lawrence R Kemick

CR2E041 (8/01)