

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

1. DOCUMENT # L99000009266

Name and Mailing Address

0007878 01 AT 0.292 \*\*AUTO T9 0 0615 33186-671612



EXCALIBUR AIRE, LLC  
14212 SW 136TH STREET  
MIAMI FL 33186-6716

FILED

2004 JAN -6 PM 3:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

500026112625  
01/06/04--01017--004 \*\*200.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 12/27/1999		6. FEI Number 65-0961770	
Principal Place of Business 14212 SW 136TH STREET MIAMI FL 33186		Applied For Not Applicable	
3. New Principal Place of Business Address  City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  GORDON, SPENCER 14212 SW 136TH STREET MIAMI FL 33186		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 S. B. Gordon **SIGNATURE REQUIRED** Date 12-30-03

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	GORDON, SPENCER	14212 SW 136 ST.	MIAMI FL 33186

REINSTATEMENT 2003-04

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 S. B. Gordon **SIGNATURE REQUIRED** Date 12/30/03 Daytime Phone # 305-255-3941

Typed or printed name of signing Managing Member/Manager