

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 10 AM 9:04

DOCUMENT #

101000001796

1. Limited Liability Company's Name

AIRKRAFFT, LLC

800068942188  
03/29/06--01013--002 \*\*300.00

2. Principal Office Address

7125 UPLAND GLADE

Suite, Apt. #, etc.

3. Mailing Office Address

7125 UPLAND GLADE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

Zip

32312

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida

07/20/2001

6. FEI Number

30-0082449

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

MARK J. JONES

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

104 N. MAGNOLIA DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

State

FL

Zip Code

32301

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

*Mark J. Jones*

Date

3/10/06

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
MGRM	HOLTON, ROBERT A.	7125 UPLAND GLADE	TALLAHASSEE, FL 32312
MGRM	KRAFFT, MARIE E.	7125 UPLAND GLADE	TALLAHASSEE, FL 32312

REINSTATEMENT 03-06

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

*Robert A. Holton*

Date

3/10/06

Daytime Phone #

850-644-1757

Typed or printed name of signing Managing Member/Manager

ROBERT A. HOLTON