

M02000002888

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002888

1. Limited Liability Company's Name

NEVAIR OF NEVADA, LLC

PK 07

2. Principal Office Address - No P.O. Box #

1801 W. INT'L SPEEDWAY BLVD.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

Zip

32114-1243

Country

USA

3. Mailing Office Address

1801 W. INT'L SPEEDWAY BLVD.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

Zip

32114-1243

Country

USA

8. Name and Address of Current Registered Agent

Name

RANDOM R. BURNETT

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

1825 Business Park Blvd.

Suite, Apt. #, Etc.

A

City

DAYTONA BEACH

State

FL

Zip Code

32114

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

7/8/09

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	BRIAN Z. FRANCE	1801 W. INT'L SPEEDWAY BLVD.	DAYTONA BEACH FL 32114

REINSTATEMENT 2007-2009 100158270321

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 7/8/09

Daytime Phone # 386-238-3775

Typed or printed name of signing Managing Member/Manager RANDOM R. BURNETT, AUTHORIZED PERSON

FILED

09 JUL -8 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)



CORPORATION SERVICE COMPANY

MOZOUUUU2888

RECEIVED
09 JUL -8 PM 1:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 060319 7501230

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 416.25

ORDER DATE : July 8, 2009

ORDER TIME : 11:51 AM

ORDER NO. : 060319-005

CUSTOMER NO: 7501230

FILED
09 JUL -8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: NEVAIR OF NEVADA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS

[Signature]