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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2003 DEC 24 AM 8:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003489

Name and Mailing Address

0014655 01 AT 0.292 **AUTO T3 2 0615 34120-170131



LAGEMANN AVIATION, LLC
131 31ST STREET NW
NAPLES FL 34120-1701

Dan



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/26/2002	
Principal Place of Business 131 31ST STREET NW NAPLES FL 34120	3. New Principal Place of Business Address City, State, Zip	6. FEIN Number :	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 200 AVIATION DRIVE STE. 2 NAPLES FL 34104		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name DANIEL LAGEMANN			
Street Address (P.O. Box Number is Not Acceptable) 125 31ST STREET NW			
City NAPLES		FL	Zip Code 34120
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>Daniel Lagemann</i>		Date 12/20/03	
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	LAGEMANN, DANIEL	131 31ST STREET NW	NAPLES FL 34120
REINSTATEMENT 2003			
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 <i>Daniel Lagemann</i>		Date 12/20/03	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # 239-985-3421	

CR2E084 (7/03)