

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000003823

FILED
Apr 28, 2008
Secretary of State

Entity Name: RELIANT AEROSPORTS, LLC

Current Principal Place of Business:

229 HANCOCK BRIDGE PARKWAY
CAPE CORAL, FL 33990

New Principal Place of Business:

16710 SANCTUARY ESTATES DRIVE
CAPE CORAL, FL 33993

Current Mailing Address:

229 HANCOCK BRIDGE PARKWAY
CAPE CORAL, FL 33990

New Mailing Address:

16710 SANCTUARY ESTATES DRIVE
CAPE CORAL, FL 33993

FEI Number: 20-1572739 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAZZELLA, VICTOR
1408 SE 17TH AVE.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KLUNDER, KATHY L PRES
16710 SANCTUARY ESTATES DRIVE
CAPE CORAL, FL 33993 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHY L. KLUNDER

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLUNDER, VIRGIL
Address: 229 HANCOCK BRIDGE PARKWAY
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLUNDER, VIRGIL
Address: 16710 SANCTUARY ESTATES DRIVE
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHY KLUNDER

PRES

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date