PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

J07000268147
08/21/07--01028--004 **100.00
CR2E041(1/07)

DOCUMENT # M05000002540

1. Limited Liability Company's Name

GLOBAL AIRCRAFT SERVICES OF FLORIDA, L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4500 Claire Chennault	4500 Claire Chennault
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: Addison, TX	City & State: Addison, TX
Zip Code: 75001 Country: USA	Zip Code: 75001 Country: USA

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 5/6/2005

6. FEI Number: 26-0463510 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee for Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Ave.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 7.20.07
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
MGR, MEM	Greg Katonica	4500 Claire Chennault #103	Addison, TX 75001
		REINSTATEMENT	06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: [signature] Date: 7-23-07 Daytime Phone #: 972-267-6650

Typed or printed name of signing Managing Member/Manager: Greg Katonica