

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
08 APR -3 PM 1:30

DOCUMENT # M05000004626

1. Limited Liability Company's Name

TIC AVIATION, LLC

CR2E041 (8/05)

2. Principal Office Address

101 N. Main St. 12th Floor

Suite, Apt. #, etc.

City & State

Greenville, SC

Zip

29601

Country

USA

3. Mailing Office Address

101 N. Main St. 12th Floor

Suite, Apt. #, etc.

City & State

Greenville, SC

Zip

29601

Country

USA

4. State/Country of Formation

Delaware/USA

5. Date Organized or Qualified
To Do Business in Florida

08/18/2005

6. FEI Number

02-0590271

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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.

NRAI Services, Inc.

Signature of

Registered Agent by:

Jose Castellanos, Asst. Secretary

Date 3/25/08

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
manager	John W. Boyd	101 North Main St. 12th floor	Greenville, SC 29601
			100119855111 03/17/08--01004--002 **150.00
			100119855111 03/31/08--01008--002 **27.50
			REINSTATEMENT
			2007-08

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 2-25-08

Daytime Phone # 800-577-4842

Typed or printed name of signing Managing Member/Manager

John W. Boyd