

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 21 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800158701838
07/20/09--01058--004 **377.50

DOCUMENT #

MD5000005351

1. Limited Liability Company's Name

Celebrity Jet Charter, LLC

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

2521 Yellow Springs Road

Suite, Apt. #, etc.

City & State

Malvern, PA

Zip

19355

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Pennsylvania/USA

5. Date Organized or Qualified
To Do Business in Florida

6/23/2005

6. FEI Number

203087291

☒ 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

Munroe W. Bradley, Esquire

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

239 E. Virginia Street

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

W. B. Bradley
REGISTERED AGENT MUST SIGN

Date

7/15/09

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	Dennis B. Adams	2521 Yellow Springs Road	Malvern, PA 19355

REINSTATEMENT -08409

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

D. B. Adams

Date

7/16/09

Daytime Phone#

610-854-1860

Typed or printed name of signing Managing Member/Manager

Dennis B. Adams

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