

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000005723

Entity Name: PRO4AVIATION LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

400 HARLEY CT
OVIEDO, FL 32765

New Principal Place of Business:

315 WESTWOOD AVE.
DELAND, FL 32720

Current Mailing Address:

400 HARLEY CT
OVIEDO, FL 32765

New Mailing Address:

315 WESTWOOD AVE.
DELAND, FL 32720

FEI Number: 20-5031943 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:

BRYNJOLFSSON, JON
400 HARLEY CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BRYNJOLFSSON, JON
315 WESTWOOD AVE.
DELAND, FL 32720 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: JON BRYNJOLFSSON

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRYNJOLFSSON, JON
Address: 400 HARLEY CT
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: FERRAIOLI, MICHAEL
Address: 400 HARLEY CT
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: WALKER, ANDREW
Address: 2081 WEMBLEY PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRYNJOLFSSON, JON
Address: 315 WESTWOOD AVE.
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Change () Addition
Name: FERRAIOLI, MICHAEL
Address: 655 MAGIC CT. #190
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL FERRAIOLI

MGRM

10/09/2007

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