2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000005723

Entity Name: PRO4AVIATION LLC

Address:

City-St-Zip:

2081 WEMBLEY PL

OVIEDO, FL 32765

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 WESTWOOD AVE. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 315 WESTWOOD AVE. 1650 HANGAR RD DELAND, FL 32720 **BUILDING 318** SANFORD, FL 32773 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: Name and Address of New Registered Agent: BRYNJOLFSSON, JON 315 WESTWOOD AVE. DELAND, FL 32720 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 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BRYNJOLFSSON, JON Name: Name: Address: 315 WESTWOOD AVE. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FERRAIOLI, MICHAEL Name: Address: 655 MAGIC CT. #190 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WALKER, ANDREW Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JON BRYNJOLFSSON MGRM 05/01/2009