

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000005723

Entity Name: PRO4AVIATION LLC

**FILED**  
**Nov 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1650 HANGAR RD.  
BUILDING 318  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

1650 HANGAR RD.  
BUILDING 318  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 20-5031943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYNJOLFSSON, JON  
315 WESTWOOD AVE.  
DELAND, FL 32720 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

11/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRYNJOLFSSON, JON  
Address: 315 WESTWOOD AVE.  
City-St-Zip: DELAND, FL 32720

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

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

I hereby 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: JON BRYNJOLFSSON

MR

11/14/2012

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