M10000002899

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 25 AM 11:11

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000002899

1. Limited Liability Company's Name
FLY INSPIRED, LLC

2011

MK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1910 KNOX ROAD 560E	1910 KNOX ROAD 560E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GALESBURG, IL	City & State: GALESBURG, IL
Zip: 61401 Country: USA	Zip: 61401 Country: USA

4. State/Country of Formation: ILLINOIS/USA

5. Date Organized or Qualified To Do Business In Florida: JUNE 28, 2010

6. FEI Number: 27-2299759 ☐ 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: FLORIDA FILING & SEARCH SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 155 OFFICE PLAZA DRIVE

Suite, Apt. #, Etc.: SUITE A

City: TALLAHASSEE State: FL Zip Code: 32301

E-mail Address: mcleggo@kleine-eq.com
(To be used for future annual report notices)

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: RM Hodes Date: 10/26/11
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	ANDREW C. KLEINE	1910 KNOX ROAD 560E	GALESBURG, IL 61401
			700213689 87
	REINSTATEMENT 2011		MK

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Andrew C Kleine Date: 10/25/11 Daytime Phone #: (309)344-5252

Typed or printed name of signing Managing Member/Manager

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **10-26-2011**

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NAME: FLY INSPIRED LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$238.75**

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AUTHORIZATION: **ABBIE/PAUL HODGE**