

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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17 JAN 11 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000007970

1. Limited Liability Company's Name

AIRCRAFT SOLUTIONS 767-200ER, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
90 SOUTH 7TH STREET

Suite, Apt. #, etc.
4600

City & State
MINNEAPOLIS, MINNESOTA

Zip
554002

Country
USA

3. Mailing Office Address
90 SOUTH 7TH STREET

Suite, Apt. #, etc.
4600

City & State
MINNEAPOLIS, MINNESOTA

Zip
55402

Country
USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business In Florida
OCTOBER 6, 2015

6. FEI Number
26-3540002

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
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

700294219257

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date JANUARY 10, 2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PRES.	RORY O'NEILL	90 S. 7TH ST. #4600	MINNEAPOLIS, MN 55402
VP	KEVIN HINIKER	90 S. 7TH ST. #4600	MINNEAPOLIS, MN 55402
VP	DAVID PARRIN	90 S. 7TH ST. #4600	MINNEAPOLIS, MN 55402
VP	JUDD GILATS	90 S. 7TH ST. #4600	MINNEAPOLIS, MN 55402

11. E-mail Address: victoria.haugrud@castlelake.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date 01 - 10 - 2017

Daytime Phone # 612-851-3000

Typed or printed name of signing Authorized Representative/Manager KEVIN HINIKER

Re 1/12/17

2 of 2 pages

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

1/11/17

ACCT. I20160000072

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILL

Name:	Aircraft Solutions 767-200ER, LLC
Document #:	
Order #:	10324674

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
X	Plain:
	COGS:

Availability	_____
Document	_____
Examlner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 377.50 ?

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DEPARTMENT OF STATE
17 JAN 11 PM 4:22

Thank you!

RE 1/12/17