

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

10/2

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

M99000000165

AIR-SERV GROUP, LLC

2. Principal Office Address

1370 Mendota Heights Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Mendota Heights, MN

Zip

55120

Country

USA

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

MN, USA

5. Date Organized or Qualified
To Do Business in Florida

02/04/99

6. FEI Number

41-191-2023

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

400004707074-9

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

-12/06/01--01003--032

*****50.00 *****50.00

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

J.P. ONeil

REGISTERED AGENT MUST SIGN

Date

30 OCT 01

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
COO	J.P. ONeil	1370 Mendota Heights Rd Tallahassee, FL 32301	
CFO	Louis Berezovsky	Same	

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 608.406, 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.

Signature of

Managing Member/Manager

J.P. ONeil

Date

30 OCT 01

Daytime Phone #

800 247 8363

Typed or printed name of signing Managing Member/Manager

X 564



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 10, 2001

AIR-SERVE GROUP, LLC
P.O. DRAWER 2529
COLLINS, MS 39428

SUBJECT: AIR-SERVE GROUP, LLC
DOCUMENT NUMBER: M99000000165

Since we have received no response to our 60 day notice dated June 15, 2001, the certificate of authority for AIR-SERVE GROUP, LLC was administratively revoked on September 28, 2001, for failure to file its 2001 annual report/uniform business report as required by law. Enclosed is a Certificate of Revocation.

To reinstate this limited liability company's certificate of authority in the state of Florida, you must complete the enclosed limited liability company reinstatement application and return it with a check for \$150.00 prior to January 1, 2002. After January 1, 2002, call (850) 245-6051 for new fees.

Should you have any questions concerning this matter, please contact the Registration Section at (850) 245-6051.

10/10/01

AS PER YOUR REPRESENTATIVE'S ADVICE, WE
ARE ENCLOSED THE REGULAR \$50.00 FEES.
SHE ADVISED US TO SEND THIS AMOUNT SINCE
YOU SENT THE RENEWAL NOTICE TO THE
WRONG ADDRESS. OUR CORRECT ADDRESS
IS ON THE RENEWAL APPLICATION. THANKS,
GREG JOHNSON