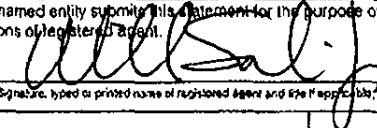
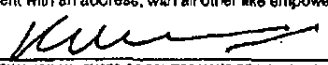


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 31 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63814					
1. Entity Name RELiance AVIATION - FORT LAUDERDALE, INC.					
Principal Place of Business 701 BRICKELL AVENUE SUITE 2500 MIAMI, FL 33131 US			Mailing Address 701 BRICKELL AVENUE SUITE 2500 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 5360 NW 20TH TERRACE Suite, Apt. #, etc. SUITE 206 City & State FORT LAUDERDALE, FL 33309 Zip 33309 Country USA		3. Mailing Address 5360 NW 20TH TERRACE Suite, Apt. #, etc. SUITE 206 City & State FORT LAUDERDALE, FL 33309 Zip 33309 Country USA		 12302008 REIN-P CR2E098 (1/07)	
4. FEI Number 65-0356290				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BICAYNE BOULEVARD SUITE 1700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name William G. Salim, Jr. Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Drive Suite 500 City Fort Lauderdale FL Zip Code 33334		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		William G. Salim, Jr.		12/30/08 DATE	
FILE NOW!!! FEB IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAI GINSBURG, MARK 701 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAI GINSBURG, MARK 5360 NW 20TH TERRACE, SUITE 206 FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ST. CLAIR, KEITH 701 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/S ST. CLAIR, KEITH 5360 NW20TH TERRACE, SUITE 206 FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		(SECRETARY)		12/29/08 407.484.9675 Date Daytime Phone	

1/12/09