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	Mailing Address
701 BRICKELL AVENUE SUITE 2500 MIAMI, FL 33131 US	701 BRICKELL AVENUE SUITE 2500 MIAMI, FL 33131 US

12302008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5360 NW 20TH TERRACE	5360 NW 20TH TERRACE
Suite, Apt. #, etc.: SUITE 206	Suite, Apt. #, etc.: SUITE 206
City & State: FORT LAUDERDALE, FL 33309	City & State: FORT LAUDERDALE, FL 33309
Zip: 33309 Country: USA	Zip: 33309 Country: USA

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	7. Name and Address of New Registered Agent
MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BICAYNE BOULEVARD SUITE 1700 MIAMI, FL 33131	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE 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	XX 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 DAUDERDALE, FL 33309	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600139408816 12/31/08--01090--004 **150.00	☐ Change ☐ Addition
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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 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/12/00