




2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:47

DOCUMENT # M01000002195					
1. Entity Name AERO PENSACOLA, LLC					
Principal Place of Business 50 NORTH WATER STREET ATTN: EUGENE A. GORAB SOUTH NORWALK, CT 06854			Mailing Address 50 NORTH WATER STREET ATTN: EUGENE A. GORAB SOUTH NORWALK, CT 06854		
2. Principal Place of Business <i>201 West Street, Suite 200</i>		3. Mailing Address <i>201 West Street, Suite 200</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092006 REIN-LLC CR2E101 (11/05)	
City & State <i>Annapolis, MD</i>		City & State <i>Annapolis, MD</i>		4. FEI Number 31-1797620	
Zip <i>21401</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARGO ACQUISITION COMPANY, LLC 50 NORTH WATER STREET NORWALK, CT 06854	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<i>201 West Street, Suite 200 Annapolis, MD 21401</i>	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				300068100293 03/20/06--01018--017 **200.00	
				REINSTATEMENT 05-06	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: <i>2/10/06</i>		Daytime Phone #: <i>410-280-1100</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #