


L01000008221

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



FILED
2003 MAR 20 AM 11:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Limited Liability Company's Name
JOEY'S DORAL, LLC
L01000008221

2. Principal Office Address <i>1750 NW 66 Avenue</i>		3. Mailing Office Address	
Suite, Apt. #, etc. <i>SUITE 212</i>		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33126</i>	Country <i>USA</i>	Zip	Country

4. State/Country of Formation <i>FL, USA</i>	
5. Date Organized or Qualified To Do Business in Florida <i>05/23/2001</i>	
6. FEI Number <i>65-1106937</i>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <i>ADOLFO MORENO</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1750 NW 66TH AVENUE</i>	
Suite, Apt. #, Etc. <i>SUITE 212</i>	
City <i>Miami</i>	State / Zip Code <i>FL 33126</i>

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: *[Signature]* Date: *03/03/03*

REGISTERED AGENT MUST SIGN

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
<i>MGRM</i>	<i>AIRLINE MANAGEMENT GROUP, INC.</i>	<i>1750 NW 66 AVE # 212</i>	<i>Miami, FL 33126</i>

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03/20/03--01014--002 **45.00

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03/04/03--01065--003 **155.00

REINSTATEMENT 2002-03

11. I certify that I am managing member/manager of 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: *[Signature]* Date: *03/03/03* Daytime Phone#: *786.2850908*

Typed or printed name of signing Managing Member/Manager: *ADOLFO MORENO AIRLINE MANAGEMENT GROUP INC (PRESIDENT)*

CR2E041 (10/02)