

# 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  
*1750 NW 66 Avenue*  
Suite, Apt. #, etc.  
*SUITE 212*  
City & State  
*Miami, FL*  
Zip  
*33126* Country  
*USA*

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. State/Country of Formation  
*FL, USA*

5. Date Organized or Qualified To Do Business in Florida  
*05/23/2001*

6. FEI Number  
*65-1106937* Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
*ADOLFO MORENO*

Street Address (P.O. Box Number is Not Acceptable)  
*1750 NW 66TH AVENUE*

Suite, Apt. #, Etc.  
*SUITE 212*

City  
*Miami* State  
**FL** Zip Code  
*33126*

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>

500013515715  
03/04/03--01065--003 \*\*155.00

500013515715  
03/20/03--01014--002 \*\*45.00

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

CR2E041 (10/02)