FAXED 8/10/06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 10 AM 9:58

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000001761

1. Limited Liability Company's Name
SKY AVIATION, L.L.C.

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
5151 East Perimeter Road	5151 East Perimeter Road
Suite, Apt. #, etc. Hangar 38A	Suite, Apt. #, etc. Hangar 38A
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33309 Country USA	Zip 33309 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/16/2000

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [✓]

8. Name and Address of Current Registered Agent

Name: Esteban Fraga

Street Address (P.O. Box Number is Not Acceptable): 5151 East Perimeter Road

Suite, Apt. #, Etc.: Hangar 38A

City: Ft. Lauderdale, FL State: FL Zip Code: 33309

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9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Esteban Fraga	5151 East Perimeter Road, Hanger 38A	Ft. Lauderdale, FL 33309

REINSTATEMENT 01-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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 _____ Date _____ Daytime Phone # 954.771.7512

Typed or printed name of signing Managing Member/Manager: Esteban Fraga, Manager