

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 FEB -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000001956

1. Limited Liability Company's Name

Northstar Landing Gear Services, LLC

REINSTATEMENT

2001
2002

2. Principal Office Address

12120 NW 11th St

Suite, Apt. #, etc.

3. Mailing Office Address

12120 NW 11th St

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

2-18-2000

6. FEI Number

☒ 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

Martin Washofsky

Street Address (P.O. Box Number is Not Acceptable)

12120 NW 11th Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33323

200004880072-4

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****205.00 ****205.00

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

Martin Washofsky SP

Date

2/4/02

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
manager	Martin Washofsky	12120 NW 11th St	Plantation, FL 33323

11. I certify that I am managing member/manager or 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

Martin Washofsky SP

Date

2/4/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Martin Washofsky