

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000007380

1. Limited Liability Company's Name

Seair Concord International Forwarding, L.C.

2. Principal Office Address

10480 NW South River Drive

Suite, Apt. #, etc.

City & State

Medley, Florida

Zip

33178

Country

USA

3. Mailing Office Address

10480 NW South River Drive

Suite, Apt. #, etc.

City & State

Medley, Florida

Zip

33178

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

06/20/2000

6. FEI Number

651018318

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

Nicolas J. Watkins

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 504

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

1/12/04

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
MGR	Nicholas I. Tawil	10480 NW South River Drive	Medley, FL 33178
MGR	Arleen Tawil	10480 NW South River Drive	Medley, FL 33178

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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

Date

1/12/05

Daytime Phone #

305-582-1788

Typed or printed name of signing Managing Member/Manager

Nicholas I. Tawil

CR2E041 (10/02)