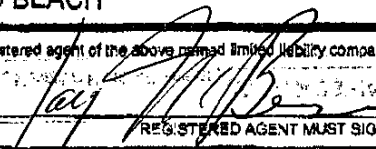
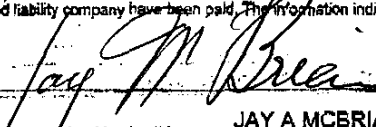


May. 6. 2005 1:00PM

GROCE LAW & 3 KINGS CONSTRUCTION

No. 3297 P. 6

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000009315			
1. Limited Liability Company's Name AERATECH, LLC			
2. Principal Office Address 1340 BUCCANEER LANE Suite, Apt. #, etc. CASTAWAY COVE WAVE I City & State VERO BEACH, FL Zip 32963-2529 Country USA		3. Mailing Office Address 1340 BUCCANEER LANE Suite, Apt. #, etc. CASTAWAY COVE WAVE I City & State VERO BEACH, FL Zip 32963-2529 Country USA	
4. State/Country of Formation FL, USA			
5. Date Organized or Qualified To Do Business in Florida 08/04/2000			
6. FEI Number 58-2560713		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 JAY MCBRIAN			
Street Address (P.O. Box Number is Not Acceptable) 1340 BUCCANEER LANE			
Suite, Apt. #, Etc. CASTAWAY COVE WAVE I			
City VERO BEACH		State FL	Zip Code 32963-2529
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  Date MAY 6, 2005 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
MGRM	McBrien Group LLC	1340 BUCCANEER LANE	VERO BEACH, FL 32963-2529
MEM	McBrien Limited Partnership	1340 BUCCANEER LANE	VERO BEACH, FL 32963-2529
			600055717776 06/03/05--01048--018 **305.10
REINSTATEMENT 02-05 Cus			
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 MAY 6, 2005 Daytime Phone# 413-281-8618 Typed or printed name of signing Managing Member/Manager JAY A MCBRIAN, General Manager of Managing Member			