PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 MAY 11 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009315

1. Limited Liability Company's Name
AERATECH, LLC

2. Principal Office Address	3. Mailing Office Address
1340 BUCCANEER LANE	1340 BUCCANEER LANE
Suite, Apt. #, etc. CASTAWAY COVE WAVE I	Suite, Apt. #, etc. CASTAWAY COVE WAVE I
City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32963-2529 Country USA	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: Jay M McBrian Date: MAY 6, 2005
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	McBrian Group LLC	1340 BUCCANEER LANE	VERO BEACH, FL 32963-2529
MEM	McBrian Limited Partnership	1340 BUCCANEER LANE	VERO BEACH, FL 32963-2529

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REINSTATEMENT 02-05

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: Jay M McBrian 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