

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 27 PM 3:55

09/17/04

DOCUMENT # L00000011532

1. Limited Liability Company's Name

MIAMI HOMESTEAD AIRPORT L.C.

REINSTATEMENT

2002-2004

2. Principal Office Address

14400 NW 77 Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

Zip

33016

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/22/2000

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

MIAMI CORPORATE SYSTEMS, INC.

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

283 CATALONIA AVENUE 900040543849

Suite, Apt. #, Etc.

2ND FLOOR

City

CORAL GABLES

State  
FL

Zip Code  
33134

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

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	CARLOS HERRERA, JR.	14400 NW 77 COURT, SUITE 300	MIAMI LAKES, FL 33016
MGR	AIRPORT ACQUISITION, INC.	3155 NW 77 AVENUE	MIAMI, FLORIDA 33122
		2002-	
	REINSTATEMENT	2004	

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

7/24/04

Daytime Phone#

(205) 823-8099

Typed or printed name of signing Managing Member/Manager

CARLOS HERRERA, JR.

CR2E041 (10/02)