

L01000000575

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 FEB 17 PM 1:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2/18

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000575

1. Limited Liability Company's Name

AEROSERVICE LLC

REINSTATEMENT

2002
- 2003

100013087241
02/25/03--01015--025 **200.00

100013087241
02/25/03--01015--024 **8.75

2. Principal Office Address

Kovarova 5

Suite, Apt. #, etc.

City & State

Prague 5

Zip

150 00

Country

CZ

3. Mailing Office Address

Kovarova 5

Suite, Apt. #, etc.

City & State

Prague 5

Zip

150 00

Country

CZ

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01-09-01

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

ARD, SHIRLEY & HARTMAN, P.A.

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

207 WEST PARK AVE.

Suite, Apt. #, Etc.

SUITE B

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Shirley Ard

REGISTERED AGENT MUST SIGN

Date 2/17/03

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	ROMAN SOREJS	Kovarova 5	Prague 5, Czech Republic 150 00

REINSTATEMENT

2002
- 2003

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

Roman Sorejs

Date

2.8.1.03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Roman Sorejs

CR2E041 (10/02)