

L01000006251

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 23 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006251

1. Limited Liability Company's Name

AUGUST AIRE, LLC

2. Principal Office Address

12798 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

Wellington, FL

Zip

33414

Country

3. Mailing Office Address

12798 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

Wellington, FL

Zip

33414

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

April 23, 2001

6. FEI Number

65-1099569

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

Donald P. Dufresne, Esq.

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

1551 Forum Place

Suite, Apt. #, Etc.

Building 200

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]

Date

6/20/03

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 |
|--------|--------------------------------------|---|---------------------------|
| MGR | Donald P. Dufresne | 1551 Forum Place, Bldg. 200 | West Palm Beach, FL 33401 |
| MRG | Lisa A.H. Cudahy (DELETE) | 12798 Forest Hill Blvd., Suite 202 | Wellington, FL 33414 |
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REINSTATEMENT 62-03

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 in 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

[Signature]

Date

6-20-03

Daytime Phone #

561-640-8000

Typed or printed name of signing Managing Member/Manager

LISA H. CUDAHY, D.P. DUFRESNE

CR200-1 (10/02)