

LO1000007447

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 APR 17 PM 1:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000007447

1. Limited Liability Company's Name

TEAM AIR CARGO LLC

300015181143
04/03/03--01004--017 ***200.00

2. Principal Office Address

2700 W. ATLANTIC BLVD

Suite, Apt. #, etc.

#112

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5-2001

6. FEI Number

65-110-71-85

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

David Henkhouse

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

2424 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 452

City

Boca Raton

State

FL

Zip Code

33431

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 3/27/03

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
<u>MANAGER</u>	<u>JOHN M. GERBAS JR.</u>	<u>2700 W. ATLANTIC BLVD</u> <u>#112</u>	<u>POMPANO BEACH FL. 33069</u>

REINSTATEMENT

2002-03

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 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 3-27-03

Daytime Phone # 954 974 3301

Typed or printed name of signing Managing Member/Manager

JOHN M. GERBAS JR

CR2E041 (10/02)