

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:03

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018358

1. Limited Liability Company's Name

AMTEC ON WING SUPPORT, L.L.C.

2. Principal Office Address

8081 N.W. 31 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33122

Country
USA

3. Mailing Office Address

8081 N.W. 31 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33122

Country
USA

CR2E041 (8/05)

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

10/22/2001

6. FEI Number

04-3595228

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

Manuel Maseda

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

8081 N.W. 31 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

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 06/30/2006

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
MGRM	Amtec Corporation	8081 N.W. 31 Street	Miami, Florida 33122
			400077524754 07/14/06--01039--021 **350.00
			REINSTATEMENT 02-06

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 By:

Manuel Maseda, President

Date 06/30/2006 Daytime Phone # 305 525 8263

Typed or printed name of signing Managing Member/Manager