1 of 2 page

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2018 JUN 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018358

800314574538

1. Limited Liability Company's Name

AMTEC ON WING SUPPORT, L.L.C.

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
Francisca Delgado, 9 Alcobendas	1875 Explorer St.
Suite, Apt. #, etc	Suite 200, Att: Legal Dept
City & State: Madrid	City & State: Reston, VA
Zip: 28108 / Country: Spain	Zip: 20190 / Country: USA

4 State/Country of Formation: Florida

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: Corporation Service Company

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

Apt. #, Etc:

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 605, F.S.

Signature of Registered Agent: Roxanne Turner — Roxanne Turner, Asst. Vice President — Date: 6/13/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Pres	Miguel Angel Santolaya Gonzalez	Francisca Delgado, 9 Alcobendas	Madrid, Spain 28108
Sec	Alberto Garelly Lopez	Francisca Delgado, 9 Alcobendas	Madrid, Spain 28108

11. E-mail Address: miguel.santolaya@itpaero.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 1st March 2018 Daytime Phone #: 0034912060139

Typed or printed name of signing authorized representative/member: Miguel A. Santolaya González

2 of 2 pgs

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 254554 4341957

AUTHORIZATION : [signature]

COST LIMIT : $ 1765.00

ORDER DATE : June 13, 2018

ORDER TIME : 1:05 PM

ORDER NO. : 254554-005

CUSTOMER NO: 4341957

DOMESTIC FILINGS

NAME: AMTEC ON WING SUPPORT, L.L.C

2018 JUN 13 PM 2:07

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____