

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000003577

Name and Mailing Address

03 DEC 29 PM 12:04

12/18/04

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AIRS MANAGEMENT GROUP, LLC
4050 NW 61ST WAY
CORAL SPRINGS FL 33067-3223



US REINSTATEMENT 2003

2. New Mailing Address 1121 S. MILITARY TRAIL #170 City, State, Zip DEERFIELD BEACH, FL 33442		4. State/Country of Formation FL	
Principal Place of Business 4050 NW 61ST WAY CORAL SPRINGS FL 33067 US		5. Date Organized or Qualified To Do Business in Florida 02/14/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MAUKONEN, ALEXANDER E 4050 NW 61ST WAY CORAL SPRINGS FL 33067		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600025813576 12/29/03--01050--018 **\$150.00 City FL Zip Code	
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10. 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] **SIGNATURE REQUIRED** Date 12/10/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MAUKONEN, ALEXANDER E	1121 S. MILITARY TR #170 DEERFIELD BEACH, FL 33442	DEERFIELD BEACH, FL 33442

12. 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 [Signature] **SIGNATURE REQUIRED** Date 12/10/03 Daytime Phone # 954-245-5692
Typed or printed name of signing Managing Member/Manager _____