

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000016612

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000016612

1. Limited Liability Company's Name

AERO TOY STORE, LLC
1710 W. Cypress Creek Road
Fort Lauderdale, FL 33309

9/29/03

FILED
03 OCT 30 AM 10:14
TALLAHASSEE, FLORIDA

11/04/03-01067--017 **155.00

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

c/o Bruce Green

Suite, Apt. #, etc.

1313 S. Andrews Avenue

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

4. State/Country of Formation

Florida

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

07/01/2002

6. FEI Number

01-0726614

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

Bruce D. Green

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

1313 South Andrews Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33316

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]

REGISTERED AGENT MUST SIGN

Date 10-27-03

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
MCM	Morris Shirazi, Inc.	1710 W. Cypress Creek Road.	Fort Lauderdale FL 33309
MCM	CCA Financial Services, Inc	1710 W Cypress Creek Road	Fort Lauderdale, FL 33309
MCM	Jolina Aviation USA Inc.	1710 W Cypress Creek Road	Fort Lauderdale FL 33309

REINSTATEMENT 2003

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

[Signature]

Date 10-24-03

Daytime Phone# 954-771-8766

Typed or printed name of signing Managing Member/Manager

Mayer Shirazipour, Pres., Morris Shirazi Inc.

CR2E041 (10/02)