

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100104750841
06/22/07--01050--011 **150.00
CR2E041 (1/07)

DOCUMENT # L02000024090

1. Limited Liability Company's Name

Airilani

2. Principal Office Address - No P.O. Box #

161 Westward Drive

Suite, Apt. #, etc.

3. Mailing Office Address

161 Westward Drive

Suite, Apt. #, etc.

City & State

Miami Springs FL

Zip

33166

Country

U.S.A.

City & State

Miami Springs FL

Zip

33166

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

223871759

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

LAZARO E. MARTINEZ MGRM

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

161 Westward Dr. MGRM

Suite, Apt. #, Etc.

City

Miami Springs FL. MGRM

State

FL

Zip Code

33166

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Lazaro E. Martinez

REGISTERED AGENT MUST SIGN

Date 6/11/07

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	LAZARO E. MARTINEZ	161 Westward Dr.	Miami Springs, FL 33166

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

Lazaro E. Martinez

Date

6/20/07

Daytime Phone #

305-884-3636

Typed or printed name of signing Managing Member/Manager

LAZARO E. MARTINEZ