PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 PM 3:35

DOCUMENT # L02000025437

1. Limited Liability Company's Name

AIR TRADING INTERNATIONAL, LLC

08

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Alhambra Plaza	2 Alhambra Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 801	Suite 801
City & State	City & State
Coral Gables, Florida	Coral Gables, Florida
Zip / Country	Zip / Country
33134 / USA	33134 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/27/2002

6. FEI Number: 201069715 ☐ 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: Angel M. Garcia-Oliver, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Plaza

Suite, Apt. #, Etc.: Suite 801

City: Coral Gables | State: FL | Zip Code: 33134

☑ 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 _____ Date 11/06/2009

REGISTERED AGENT MUST SIGN

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
MGR	Angel M. Garcia-Oliver	2 Alhambra Plaza, Suite 801	Coral Gables, Florida 33134

REINSTATEMENT 2008-2009

900162575209

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 _____ Date 11/06/2009 Daytime Phone # 305-446-8431

Typed or printed name of signing Managing Member/Manager

CSC

CORPORATION SERVICE COMPANY

L02000025437

ACCOUNT NO. : I20000000195

REFERENCE : 180672 7361995

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 2775.00

ORDER DATE : November 6, 2009

ORDER TIME : 10:39 AM

ORDER NO. : 180672-005

CUSTOMER NO: 7361995

FILED
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DIVISION OF CORPORATIONS
09 NOV -6 PM 3:35

DOMESTIC FILINGS

NAME: AIR TRADING INTERNATIONAL, LLC

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DIVISION OF CORPORATIONS
2009 NOV -6 PM 1:42

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

ADDITIONAL COPY REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS BK