

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

03 NOV 10 PM 4:05

DOCUMENT # L02000027395

1. Limited Liability Company's Name

Aircraft Spares Management, LLC

800024527718
11/10/03--01001--021 **150.00

2. Principal Office Address

11014 NW 33rd St

Suite, Apt. #, etc.

#100

City & State

Miami, Florida

Zip

33172

Country

U.S.A.

3. Mailing Office Address

11014 NW 33rd St

Suite, Apt. #, etc.

#100

City & State

Miami, Florida

Zip

33172

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

October 16, 2002

6. FEI Number

04-3717313

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

Nicolas J. Watkins, P.A.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

#504

City

Miami

State

FL

Zip Code

33131

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 10/31/03

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
MGR	Steven Balaam	11014 NW 33rd St. Ste 100	Miami, FL 33172

REINSTATEMENT

03
Dec

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 10/31/03 Daytime Phone # 786-845-9779

Typed or printed name of signing Managing Member/Manager

HOWE, ROBINSON & WATKINS, LLP

Attorneys at Law

Courvoisier Centre I, Suite 504

501 Brickell Key Drive, Miami, FL 33131

Telephone (305) 377-1274 Fax (305) 377-1422

November 3, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

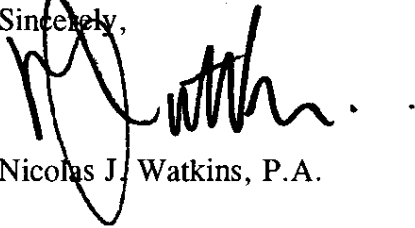
Re: Reinstatement of Aviation Spares Management, LLC

Dear Sir or Madam:

I enclose a signed Limited Liability Company Reinstatement form on behalf of Aviation Spares Management, LLC. I also enclose my firm's check no. 4565 made payable to the Department of State in the amount of \$150.00.

If you have any questions, please do not hesitate to call me.

Sincerely,



Nicolas J. Watkins, P.A.

Enclosures