


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

DOCUMENT # L02000030346					
1. Entity Name AIRPORT RETAIL, LLC					
Principal Place of Business 111 EAST JERICHO TURNPIKE 2ND FLOOR MINEOLA, NY 11501			Mailing Address 111 EAST JERICHO TURNPIKE 2ND FLOOR MINEOLA, NY 11501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 43-1982714				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
USA FLEA MARKET, L.L.C. 11721 US HIGHWAY 19 PORT RICHEY, FL 34668			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		DATE	
				5/17/06	
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALEKAN, ESHAGH		NAME		
STREET ADDRESS	111 EAST JERICHO TURNPIKE, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MINEOLA, NY 11501		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		Signature, typed or printed name of managing member, manager, or authorized representative		Date	
				5/17/06	

REINSTATEMENT

5-17-06
MINEOLA