PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 22 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030346

1. Limited Liability Company's Name
AIRPORT RETAIL LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
111 East Jericho Turnpike	111 East Jericho Turnpike
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Mineola, NY	Mineola, NY
Zip / Country	Zip / Country
11501 / USA	11501 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
76-0528561
☐ 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
Jason Radick

Street Address (P.O. Box Number is Not Acceptable)
10021 East Broadview Drive

Suite, Apt. #, Etc.

City: Bay Harbor Islands | State: FL | Zip Code: 33154

600259335838
04/22/14--01028--002 **655.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 4/14/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Isaac Malekan	111 East Jericho Turnpike, Suite 200	Mineola, NY 11501

REINSTATEMENT
APR 22 2014
R. HUNT

11. E-mail Address: emalekan@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 04/14/14 Daytime Phone # 5165-747-3876

Typed or printed name of signing Authorized Representative/Manager Isaac Malekan