PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

FILED

DOCUMENT # L02000031822

2008 SEP 10 P 1: 47

AERO SUP LLC						2 CHSEL RETARY EUD SHOTE 08/29/0 8 		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								
5647 110TH AVE. NORTH 5647			5647 1107	TH AVE. NO	RTH	4. State/Country of Formation		
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, e	#, etc.		FLORIDA		
						5. Date Organized or Qualified To Do Business in Florida 11/26/2002		
			City & State			6. FEI Number Applied For		
				ALM BEACH		✓ Not Applicable		
Zip 33411	`		^{Zip} 33411		Country 7.		E OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Regi						to a certificate of Status		
Name A1A REGISTERED AGENT INC.						✓ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVE. NORTH						receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.						not received and requesting the \$100 reinstatement be waived.		
City State Zip Code ROYAL PALM BEACH FL 33411								
Signature o Registered	Agent Jma	Inaly	TIV ISTERED AGE	MALL ENT MUST SIGN	PRESIDEN		tions of Chapter 608, F.S. Date 8/28/08	
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Managing Members/Managers				Street Address of Each naging Member/Mana			
MGRM	HAMILTON FOX CORP.			9TH-#6 MANUEL ESPINOSA			PANAMA, REP. OF PANAMA	
					2001		25-12586	
							35130962	
ENSTATEMENT 06-08						08/29	108 0102	8 005
	A						A	416.23
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 filling 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 208-06-11 Daytime Phone # 866 703 8828								
Typed or printed name of signing Managing Member/Manager <u>YEAN G. RENARD</u>								
				*				