

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L03000027204



06 SEP 28 PM 4:37

1. Entity Name:
AEROSHARE, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3283-6 NW 44TH STREET
FT LAUDERDALE, FL 33309

Mailing Address
3283-6 NW 44TH STREET
FT LAUDERDALE, FL 33309

PK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09232006 REIN-LLC CRZE101 (11/05)

City & State

City & State

4. FEI Number

56-2429814

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, EDWARD L
3203-6 NW 44 STREET
FT LAUDERDALE, FL 33309

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 full responsibility for, the registered agent.

SIGNATURE

Stacy Butler

(NOT Registered Agent signature required when reinstating)

DATE

09-28-06

FILE NOW!!! FEE IS \$59.00
After January 1, 2007, Fee will be \$100.00

In accordance with c. 607, 193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: MILLER, EDWARD L
STREET ADDRESS: 3283-6 NW 44 STREET
CITY-ST-ZIP: FT LAUDERDALE, FL 33306

TITLE: MGR
NAME: STACY BUTLER
STREET ADDRESS: 3283-6 NW 44 STREET
CITY-ST-ZIP: FT LAUDERDALE, FL 33309

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 700079808277

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 09/28/06--01021--013 74135.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

REINSTATEMENT 2006

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: *Stacy Butler* STACY BUTLER 09-28-06 904 655-4247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Customer Phone #