


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LO3000036364

1. Limited Liability Company's Name

LDD AIR LLC

2. Principal Office Address - No P.O. Box # 1100 Lee Wagener Blvd		3. Mailing Office Address	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc.	
City & State Ft Lauderdale, Florida		City & State	
Zip 33315	Country USA	Zip	Country

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida OCT-24-2003	
6. FEI Number 200251979	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name David Donovan			
Street Address (P.O. Box Number is Not Acceptable) 11100 Lee Wagener Blvd			
Suite, Apt. #, Etc. 103			
City FT Lauderdale	State FL	Zip Code 33315	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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


REGISTERED AGENT MUST SIGN

Date 2/27/07

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
MGRM	Lisa Donovan	1100 Lee Wagener Blvd Ste 103	Ft Lauderdale, Florida 33315
MGRM	David Donovan	1100 Lee Wagener Blvd Ste 103	Ft Lauderdale, Florida 33315

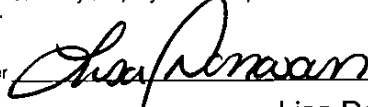
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REINSTATEMENT

05-07

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



Date Feb 27 2007

Daytime Phone # 954-359-0320

Typed or printed name of signing Managing Member/Manager Lisa Donovan