

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC -8 AM 11:19

DOCUMENT # L03000040616

1. Limited Liability Company's Name

Air Warehouse, LLC

REINSTATEMENT 2008-09 SBM

300162418353
12/09/09--01002--014 **143.75
CR2E041 (10/08)

| | | | |
|--|----------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 14645 NW 77 Ave | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. 203 | | Suite, Apt. #, etc. | |
| City & State Miami Lakes, FL | | City & State | |
| Zip 33014 | Country USA | Zip | Country |

| | |
|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 10/14/03 | |
| 6. FEI Number | <input type="checkbox"/> Applied For <input checked="" 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 Next Venture Partners, LLC | | |
| Street Address (P.O. Box Number is Not Acceptable) 14645 NW 77 Ave | | |
| Suite, Apt. #, Etc. 203 | | |
| City Miami | State FL | Zip Code 33014 |

☒ 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 _____ Date 10/12/09
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|-----------------------|
| MGR | Dania Ramos-Infante | 14645 NW 77 Ave Ste #203 | Miami Lakes, FL 33014 |
| | | | |
| | | | |
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| | | | |
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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 Dania Ramos-Infante Date 10/12/09 Daytime Phone # 305-822-2886

Typed or printed name of signing Managing Member/Manager Dania Ramos-Infante