

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700117825167
02/12/08--01013--002 **\$55.00

CR2E041 (12/07)

DOCUMENT # L 03000046274

1. Limited Liability Company's Name

M.C. AIR LLC

2. Principal Office Address - No P.O. Box #

2339 Bay Leaf Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2339 Bay Leaf Dr

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orl FLA.

Zip

32837

Country

USA

Zip

32837

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

11/20/03

6. FEI Number

595465279

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

RAMON M. CAMPANA

Street Address (P.O. Box Number is Not Acceptable)

2339 Bay Leaf Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

Ramon Campana

REGISTERED AGENT MUST SIGN

Date 2/6/08.

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
<u>MGR</u>	<u>RAMON M. CAMPANA</u>	<u>2339 BAY LEAF DR</u>	<u>Orlando Florida 32837.</u>

REINSTATEMENT 05-08

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

Ramon Campana

Date 2/6/08

Daytime Phone # 407-908-2571

Typed or printed name of signing Managing Member/Manager