

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000005072

1. Limited Liability Company's Name

International Air Cargo, LLC

FILED
09 SEP 10 AM 8: 59

SECRETARY OF STATE
TALLAHASSEE FLORIDA
200160547262
09/10/09--01030--009 **798.75

CR2E041 (10/08)

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

80 S.W. 8th Street

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, FL

Zip

33130

Country

USA

3. Mailing Office Address

28015 Smyth Dr

Suite, Apt. #, etc.

City & State

Valencia, CA

Zip

91355

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 01/20/2004

6. FEI Number

☐ 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

Registered Agents of America, Inc.

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

199 East Flagler Street #510

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

☐ 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

9/9/09

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	John Donaldson	80 S.W. 8th Street, Suite 2000	Miami, Florida 33130
	L. SELLERS	REINSTATEMENT	05-09
	SEP 14 2009		
	EXAMINER		

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

9-1-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

John Donaldson - Manager