Daytime Phone #

2009 LIMITED LIABILITY COMPANY REINSTATEMENT							FILED				
DÓCUMENT # L0400083 1. Entity Name ROYAL AVIATION LLC				413			2009 FEB 13 PM 4: 1			L: 11	
Principal Place of Business 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172				Mailing Address 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172							
2. Principal Place of Business - No P O, Box #				3. Mailing Address							
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			01122009	REIN-LLC CR	2E101 (1/07)		
City & State	e			City & State			4. FEI Numb 20-19			plied For t Applicable	
Zip		Country		Zip	Cour	ntry	5. Certificate of Status Desired Fee		\$5.00 Add Fee Required		
-	6. Name	and Addres	s of Current F	Registered Agent	Agent Name			7. Name and Address of New Registered Agent			
MESQUITA, OSWALDO 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172				Street Address ((P.O. Box Number is Not Acceptable)				
		,	<i>t</i> ~	•		City		F	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 the obligations of registered agent.											
SIGNATURE .	Signature, typed	Descrited name to	registered agent a	nd title if applicable. (NO	TE: Register	red Ågent signature requi	ired when reinstating	DAII	 E	{	
FILE NOWIT FEE IS \$277.50				In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not				Make checi Florida Depar	c payable to tment of State	•	
9.		MANAG	SING MEMBER	IS/MANAGERS	10.			ADDITIONS/CHANG			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTA DE SA, MOYSES RUA DE PRATA 495 SAO PAULO BRAZIL, 04637042			□ Delete	E ME EET ADORESS (-ST-ZIP			☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	RUA DE I	E SA, CARI PRATA 495 ILO BRAZIL	N , 04637042	☐ Defete	E RE EET ADDRESS '- ST - ZIP	□ Change □ Addition 000141888250 01/23/0901005023 **277.50					
TITLE NAME STREET ADDRESS 1 CITY-ST-ZIP				☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			MSTA	TEMENT_	□ Change > 8 - 3°	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete					□ Change	Addition	
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.											

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Nam	MENT # LÖ400083										
	ce of Business 02 AVE. UN!T 111 3172	Mailing Address 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172		- Andrews		ên 68ni 818n 88ni 82ni 82ni			((46) (31 3 46)		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt	#, etc.	Suite, Apt #, etc.			01122009	REIN-LLC	CR2E	101 (1/07)			
City & Stat	e	City & State		4. FEI Num 20-19	nber 109149			oplied For ot Applicable			
Zip	Country	Zip Count		try				\$5.00 Ad Fee Require			
	6. Name and Address of Current I	Registered Agent		7. Name ar	nd Address of New Re	gistered A	Agent				
	A, OSWALDO 102 AVE. UNIT 111 . 33172			Name Street Address	(P.O. Box Num	nher is Not Acceptable)					
				City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	ie		
8. The above the obligat	named entity submits this statement for tions of registered agent	r the purpose of changing its	register	ed office or registe	red agent, or b	ooth, in the State of Flor		familiar with	and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE	NOWIII FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., liability company did not receive the prior n				Make	check p Departm	ayable to			
9,	MANAGING MEMBEI		10.			ADDITIONS/0					
TITLE NAME	MGRM COSTA DE SA, MOYSES	Delete TITL						☐ Change	Addition Addition		
STREET ADDRESS CITY-ST-ZIP	RUA DE PRATA 495 SAO PAULO BRAZIL, 04637042	STREE		ET ADDRESS -ST-ZIP							
TITLE	MGRM	☐ Delete TiTu						☐ Change	Addition		
NAME STREET ADDRESS	RUELA DE SA, CARIN RUA DE PRATA 495	NA CTI		E Et address							
CITY-ST-ZIP	SAO PAULO BRAZIL, 04637042	2		-ST-ZIP							
TITLE		TITLE					☐ Change	Addition			
NAME Street address			NAM	E Et address							
CITY-ST-ZIP				-ST-ZIP					,		
TITLE		☐ Delete	TITLE	I				☐ Change	Addition		
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP		·····					
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STREET ADDRESS			NAMI STRE	ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							
TITLE NAME		☐ Delete TITLE						☐ Change	Addition :		
STREET ADDRESS				FT ADDRESS							
CITY-ST-ZIP)		·ST- ZIP							
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Moyses	Costa de SA	ALLUM C		/ <	<u> </u>	20.000	つ . ~	1.4.	,,,),		
SIGNAT	URE:	SIGNING MANAGING MEMBER MAN	GER CO	AUTHORIZED REPRESS	PNUARY	30, LOS	<u> </u>	-4+0-	144		