


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

DOCUMENT # L05000033870	
1. Entity Name WORLD AIRLINE SERVICES, LLC	

Principal Place of Business 290 NW 165 STREET #M100 MIAMI, FL 33169	Mailing Address 290 NW 165 STREET #M100 MIAMI, FL 33169
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2. Principal Place of Business - No P.O. Box # 7800 W Oakland Park	3. Mailing Address 7800 W Oakland Park Blvd.
Suite, Apt. #, etc. G-121	Suite, Apt. #, etc. G-121



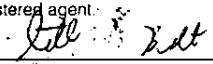
City & State Sunrise Florida	City & State Sunrise, Florida
Zip 33351	Country USA

01172007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3974294	Applied For Not Applicable
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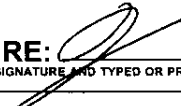
6. Name and Address of Current Registered Agent MARC-BOLLINGER, JEAN 1425 LENOX AVE. MIAMI BEACH, FL 33139	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name BRAULT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7800 W Oakland Park Blvd. Suite G-121 City Sunrise FL Zip Code 33351	
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 	DATE 1/17/07

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager JEAN MARC BOLLINGER 7800 W Oakland park Blvd Sunrise, Florida 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200086236782 01/25/07--01042--021 **105.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
SIGNATURE:  JEAN-MARC BOLLINGER	DATE 1/17/07 DAYTIME PHONE # 954-7498802