

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUN 18 PM 12:57

DOCUMENT # L05000036007

1. Limited Liability Company's Name

Air Capital Partners, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 3000 NW 59th Street		3. Mailing Office Address 102 NE 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Boca Raton, FL	
Zip 33309	Country USA	Zip 33432	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 04/11/2005	
6. FEI Number 76-0791306	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 Marco Possati			
Street Address (P.O. Box Number is Not Acceptable) 102 NE 2nd Street			
Suite, Apt. #, Etc. 207			
City Boca Raton, FL	State FL	Zip Code 33432	

☒ 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

Marco Possati

REGISTERED AGENT MUST SIGN

Date June 11, 2008

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
MGRM	Marco Possati	102 NE 2nd Street, # 207	Boca Raton, FL 33432

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REINSTATEMENT

6/10/08 06-08

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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

Marco Possati

Date June 11, 2008

Daytime Phone# (646) 837-0515

Typed or printed name of signing Managing Member/Manager Marco Possati