PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

DOCUMENT # L07000072886

1. Limited Liability Company's Name

AEROSPACE NETWORK LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
408 NE 6th STREET	
Suite, Apt. #, etc. #715	Suite, Apt. #, etc.
City & State Fort Lauderdale FL	City & State
Zip 33304 Country USA	Zip Country

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 7/13/2007

6. FEI Number: 26-0618943 ☐ 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: Geyxel Suarez

Street Address (P.O. Box Number is Not Acceptable): 408 NE 6th Street

Suite, Apt. #, Etc.: #715

City: Fort Lauderdale State: FL Zip Code: 33304

☑ 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 * _____ Date * _____

REGISTERED AGENT MUST SIGN

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	Geyxel Suarez	408 NE 6th St.	Fort Lauderdale, FL 33304
	L. SELLERS		
	JUN - 3 2010		
	EXAMINER		

REINSTATEMENT

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 * 5/25/2010 Daytime Phone # * 754-689-3732

Typed or printed name of signing Managing Member/Manager * Geyxel Suarez