PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM			S	DEPART Secretary sion of co	of S		0	FILED PANOV-3 AMM: 39	
DOCUMENT # L07000097570 1. Corporation Name							TALL	CRETARY OF STATE AHASSEE, FLORIDA		
AIRPORT ALLIANCE II, LLC							!			
i '				1	3. Mailing Office Address P.O. BOX 523155			100162143211 10/26/0901006020 **300.00 CR2E081 (12/08)		
Suite, Apt. #, etc. Suit					Suite, Apt. #, etc.				porated or Qualified ness in Florida 06/15/2005	
City & State Miami, FL				City & State MIAMI, FL				5. FEI Number 02-06339	r Applied For	
Zip 33142				Zip 33152		Coun	try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								1		
Name Teresa Ramirez							☑ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable) 1030 SW 97 Ave							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
Suite, Apt. #, Etc.							received and requesting the reinstatement			
City Miami						State Zip Code 33174			fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the old Signature of Registered Agent REGISTERED AGENT MUST SIGN								bligations of secti	Date/ 0 / 2 0 / 0 9	
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Flo	orida nonprot	fit corpo	orations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip	
PD	TERESA	RAM		1030 SW 97 AVE				M!AMI/FL/33174		
			·							
		S. HAWKE							ES	
K						NOV - 4			29ng	
REINSTATEMENT 2008 - 09 10. I certify that I am an officer or director or the receiver or trustee em						EXAMINED			R	
	200	ê .	09	ENT						
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: 10/20/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										