PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 10 JUNII PH12:57
DOCUMENT # L 07000121037 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAMASSEE, FLORIDA
AIA Towing	LLC	600181982386 06/11/10-01023-001 **516.25 cr26041 (05/10)
2. Principal Office Address - No P.O. Box# 8(01960 DVETStreet La	3. Mailing Office Address P.O. Box 971	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida / 2 - 0 7 - 0 7
City & State Yulee FL	Yule FL	6. FEI Number Applied For Not Applicable
32097 USA	32041 (15A	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name LONIO M. / 14465		
Street Address (P.O. Box Number is Not Acceptable	-	
Suite, Apt. #, Etc.		
City Palatka	State 32177	
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 Mer	<u> </u>	
Titles Name of Managing Members/ Manag	Street Address of Ea Managing Member/ Mar	
MGR Jeanie M. Li	Hles 410 Jackson	
		ЛВ
		DEINGTATEMENT
REINSTATEMENT 2008-10		
11. E-mail Address: J. + Le S 9.7 & not mail. (On (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 Manager M		
Typed or printed name of signing Managing Member/	Manager UUMING III U	TELYS