FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 SEP -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300264063293
09/05/14--01017--004 **377.50

CR2E041 (1/14)

DOCUMENT # L12000130190

1. Limited Liability Company's Name
Vortex Aviation and Motors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 South Biscayne Blvd.	2 South Biscayne Blvd.
Suite, Apt. #, etc.: 2400	Suite, Apt. #, etc.: 2400
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: October 12, 2012

6. FEI Number: 46-1166904 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Louis P. Archambault

Street Address (P.O. Box Number is Not Acceptable): 2 South Biscayne Blvd.

Suite, Apt. #, Etc.: Suite 2400

City: Miami State: FL Zip Code: 33131

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 9/4/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bruna Teixeira de Brito	Alameda Chile 441F	Barueri, Sao Paulo, Brazil Cep-06470-190
MGR	Vitor Teixeira de Brito	Alameda Chile 441F	Barueri, Sao Paulo, Brazil, Cep-06470-190

REINSTATEMENT

SEP. -5 2014

R. HUNT

11. E-mail Address: wbrito@cobraclaw.com.br
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 09/04/14 Daytime Phone # +55(11)5105-1500

Typed or printed name of signing Authorized Representative/Manager _____