

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
NETMRO, LLC**

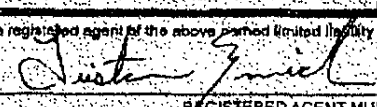
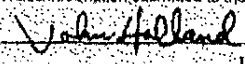
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2016 OCT -3 PM 4:01 CR2E041 (1/14)	
DOCUMENT # 1. Limited Liability Company's Name: NetMRO, LLC					
2. Principal Office Address - No P.O. Box # 1441 NW 89th Court Suite, Apt. #, etc.		3. Mailing Office Address 1441 NW 89th Court Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Miami, FL		City & State Miami, FL		5. Date Organized or Qualified To Do Business in Florida September 18, 1997	
Zip 33172	Country USA	Zip 33172	Country USA	6. FEI Number None	
				☒ Applied For ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒					
8. Name and Address of Current Registered Agent					
Name CT Corporation					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Drive					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
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 		Tristan Emrich		Date: 10/3/2016	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
President	Thomas (Todd) S. Renchan	24911 Avenue Stanford		Valencia, CA 91355	
Treasurer	Richard J. Weller	24911 Avenue Stanford		Valencia, CA 91355	
VP and S	John Holland	24911 Avenue Stanford		Valencia, CA 91355	
11. E-mail Address: ashley.lovless@wescoair.com					
(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 605.0012, 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: 10/03/2016		Daytime Phone #: 661-425-9821	
Typed or printed name of signing Authorized Representative/Manager: John Holland					