Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

NETMRO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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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 #	3. Mailing Office Address
1441 NW 89th Court	1441 NW 89th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: September 18, 1997

6. FEI Number: None ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional fee required [illegible]

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

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Thomas (Todd) S. Renohan	24911 Avenue Stanford	Valencia, CA 91355
Treasure	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: John Holland Date: 10/03/2016 Daytime Phone #: 661-425-9821

Typed or printed name of signing Authorized Representative/ Manager: John Holland