


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV 20 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Limited Liability Company's Name <i>Flying Services, L.L.C.</i> <i>L99/6707</i>					
2. Principal Office Address <i>6240 NW 173 St</i> Suite, Apt. #, etc. <i>#1028</i> City & State <i>Miami FL</i> Zip <i>33015</i> Country <i>Dade</i>		3. Mailing Office Address <i>6240 NW 173 St.</i> Suite, Apt. #, etc. <i>#1028</i> City & State <i>Miami FL</i> Zip <i>33015</i> Country <i>Dade</i>		4. State/Country of Formation <i>Florida.</i> 5. Date Organized or Qualified To Do Business in Florida <i>Oct 14, 1999</i> 6. FEI Number <i>65-0954417</i> 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <i>Andrew Cuevas, Esq. (Cuevas & Rubin P.A.)</i> Street Address (P.O. Box Number is Not Acceptable) <i>536 Biltmore Way</i> Suite, Apt. #, Etc. <i>000003491620-5</i> City <i>Coral Gables</i> State <i>FL</i> Zip Code <i>33134</i>					
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 <i>Andrew Cuevas</i> Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
<i>P.</i>	<i>Jorge Valderrama</i> <i>Angela Valderrama</i>	<i>7370 NW 36 St, Suite 210A</i>	<i>Miami FL 33166</i>		
<i>V.P.</i>	<i>Cuevas</i>	<i>7370 NW 36 St, Suite 210A</i>	<i>Miami FL 33166</i>		
11. 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 Managing Member/Manager <i>Jorge Valderrama</i> Date <i>11/3/00</i> Daytime Phone <i>(305) 845-8869</i>					
Typed or printed name of signing Managing Member/Manager <i>Jorge Valderrama</i>					

CR2E041 (3/99)