PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -2 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L99000007730

1. Limited Liability Company's Name

E.I. AVIATION, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4770 Biscayne Boulevard	4770 Biscayne Boulevard
Suite, Apt. #, etc.: 930	Suite, Apt. #, etc.: 930
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 11/15/1999

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: Juan C. Sanchez

Street Address (P.O. Box Number is Not Acceptable): 4770 Biscayne Boulevard

Suite, Apt. #, Etc.: 930

City: Miami State: FL Zip Code: 33137

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: March 1, 2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Enrique S. Iglesias	4770 Biscayne Boulevard, Suite 930	Miami, FL 33137
MGR	Juan C. Sanchez	4770 Biscayne Boulevard, Suite 930	Miami, FL 33137

REINSTATEMENT 2002-2007

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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 608.408, 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: _____ Date: March 1, 2007 Daytime Phone #: 305-438-0208

Typed or printed name of signing Managing Member/Manager: Juan C. Sanchez