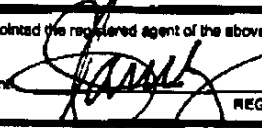
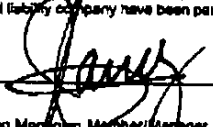


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAR -2 AM 10:47 TALLAHASSEE, FLORIDA BK CR2E041 (1/07)	
DOCUMENT # L99000007730 1. Limited Liability Company's Name E.I. AVIATION, LLC 62					
2. Principal Office Address - No P.O. Box # 4770 Biscayne Boulevard		3. Mailing Office Address 4770 Biscayne Boulevard		4. State/Country of Formation Florida, USA	
Suite, Apt. #, etc. 930		Suite, Apt. #, etc. 930		5. Date Organized or Qualified To Do Business in Florida 11/15/1999	
City & State Miami, FL		City & State Miami, FL		6. FEI Number Applied For ☒ Not Applicable	
Zip 33137	Country USA	Zip 33137	Country USA	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				☐ 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 806, F.S. Signature of Registered Agent 				Date March 1, 2007 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		
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 400091559424 03/07/07--01035--026 **405.00					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 806, 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 806.406, 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 				Date March 1, 2007 Daytime Phone # 305-438-0208	
Typed or printed name of signing Managing Member/Manager Juan C. Sanchez					