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Division of Corporations Page 1 of 1
M020000001400

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

AERO LAUDERDALE, LLC

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 18, 2005

AERO LAUDERDALE, LLC
111 CATHEDRAL STREET
ANNAPOLIS, MO 21401

SUBJECT: AERO LAUDERDALE, LLC
REF: M02000001400

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FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000001400					
1. Limited Liability Company's Name Aero Lauderdale, LLC					
2. Principal Office Address 50 N. Water Street Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State South Norwalk, CT			City & State		
Zip 06854	Country USA	Zip	Country	4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida 2-7-03	
				6. FBI Number 46-0495661	Applied For ☐ Not Applicable
				7. CERTIFICATE OF STATUS DESIRED ☐	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
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 606, F.S.					
Signature of Registered Agent <u><i>Cornel Bruma</i></u> <u><i>Special Reg. Secretary</i></u> Date <u><i>2/17/05</i></u>					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MEM	Cargo Acquisition Company, LLC	50 N. Water Street		South Norwalk, CT 06854	
11. I certify that I am Managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 <u><i>[Signature]</i></u> Date <u><i>2/15/05</i></u> Daytime Phone # <u><i>410-216-6122</i></u>					
Typed or printed name of signing Managing Member/Manager: <u><i>James G. Gaddy</i></u>					

REINSTATEMENT 2004-2005