

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000000769

1. Entity Name  
AERO MIAMI II, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -3 AM 10:47

Principal Place of Business  
50 NORTH WATER STREET  
SOUTH NORWALK, CN 06854

Mailing Address  
50 NORTH WATER STREET  
SOUTH NORWALK, CN 06854

2. Principal Place of Business

201 West Street

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

201 West Street

Suite, Apt. #, etc.

Suite 200

02092006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CARGO ACQUISITION COMPANY, LLC  
50 NORTH WATER STREET  
SOUTH NORWALK, CN 06854 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
201 West Street Suite 200  
Annapolis, MD 21401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
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REINSTATEMENT 05-06

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

James C. Bodry

2/10/06

410-280-1100