

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003914

1. Limited Liability Company's Name

Eurowing USA LLC

17K
05

CR2E041 (1/07)

07 FEB 28 PM 3:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
7955 NW 12 STREET

Suite, Apt. #, etc.
400

City & State
Miami, FL

Zip
33126

Country
USA

3. Mailing Office Address
247 SW 8TH ST

Suite, Apt. #, etc.
#257

City & State
MIAMI, FL

Zip
33130

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-0618301

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Marvin MacDavi

Street Address (R.O. Box Number is Not Acceptable)
7955 NW 12TH STREET

Suite, Apt. #, Etc.
SUITE 400

City
Miami

State
FL

Zip Code
33126

☒ 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

REGISTERED AGENT MUST SIGN

Date **2/23/07**

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
MGR	MARVIN MACDAVI	7955 NW 12TH STREET, #400	MIAMI, FL 33126
			400089979554 03/01/07--01048--024 **150.00

REINSTATEMENT 2005-2007

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

Date **02/23/07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

M04000003914

EUROWING USA LLC
7955 NW 12 STREET, SUITE 400
MIAMI, FL 33126

FILED
07 FEB 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 23, 2007

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

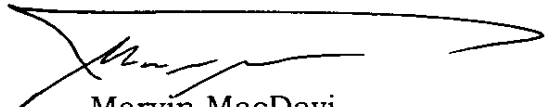
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Document # M04000003914

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report or a type of notice for the years 2005, 2006 and 2007. I spoke to a representative on February 23rd, 2007 and explained to her my situation. I was instructed to send a letter attached to the annual reports with a check for the amount of \$150.00. I'm sending everything the way I was instructed by your office. Please accept this letter as waiver for the years 2005, 2006 and 2007. If you need further information regarding this matter, please do not hesitate to contact me at your earliest convenience.

Thank you,


Marvin MacDavi
President