



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 20 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000004986			
1. Entity Name AIRCCELL LLC			
Principal Place of Business 1172 CENTURY DRIVE, #B280 LOUISVILLE, CO 80027		Mailing Address 1172 CENTURY DRIVE, #B280 LOUISVILLE, CO 80027	
2. Principal Place of Business - No P.O. Box # 1250 N Arlington Heights Rd		3. Mailing Address 1250 N Arlington Heights Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Itasca IL		City & State Itasca IL	
Zip 60143	Country US	Zip 60143	Country US
4. FEI Number 42-1717064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUMENSTEIN, JACK 1172 CENTURY DRIVE, #B280 LOUISVILLE, CO 80027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 N Arlington Heights Rd Itasca IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUZ, JOE 1172 CENTURY DRIVE, #B280 LOUISVILLE, CO 80027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 N Arlington Heights Rd Itasca, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONDA, TODD 1172 CENTURY DRIVE, #B280 LOUISVILLE, CO 80027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Simpson, Reid 1250 N Arlington Heights Rd Itasca IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.		REINSTATEMENT 08 AL 6001379202508 <input type="checkbox"/> Addition 11/14/08--01016--008 **238.75	
SIGNATURE: 		Date: 11/5/2-8 Daytime Phone #	