

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2020 JUL 22 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000004588

1. Limited Liability Company's Name

AERO PRECISION INDUSTRIES LLC

2. Principal Office Address - No P.O. Box #

15501 SW 29th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

United States

3. Mailing Office Address

200 N. Pacific Coast Hwy

Suite, Apt. #, etc.

Suite 1350

City & State

El Segundo, CA

Zip

90245

Country

United States

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

10/18/2010

6. FEI Number

80-0211989

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

C T 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

300348773213

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Denise Bell

Denise Bell, Assistant Secretary

Date 07/16/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Michael Roma	15501 SW 29th Street	Miramar, FL 33027
Manager	Darryl Mayhorn	200 N. Pacific Coast Hwy, Suite 1350	El Segundo, CA 90245
Manager	Richard Drinkward	200 N. Pacific Coast Hwy, Suite 1350	El Segundo, CA 90245
REINSTATEMENT		JUL 22 2020	
		R. HUNT	

11. E-mail Address: klopez@aeroprecision.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Richard Drinkward

Date 07/21/2020

Daytime Phone # 424.217.1384

Typed or printed name of signing Authorized Representative/Manager Richard Drinkward

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 7/22/2020
Acc#I20160000072

en: DJH

Name:	AERO PRECISION INDUSTRIES LLC
Document #:	
Order #:	13120523

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input checked="" type="checkbox"/>

THIS IS A REINSTATEMENT FOLLOWING DISSOLUTION BECAUSE THERE WAS NO REGISTERED AGENT ON FILE.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 690

THE ATTACHED REINSTATEMENT IS COMPLETED WITH THE NEW REGISTERED AGENT INFORMATION. WILL THIS BE SUFFICIENT OR SHOULD THEY FILE A CHANGE OF AGENT WITH THIS REINSTATEMENT? I HAVE ATTACHED A SCREEN PRINT FOR YOUR REFERENCE.

PLEASE CALL IF THE FEE AMOUNT IS DIFFERENT AND WE CAN AUTHORIZE A DIFFERENT AMOUNT IF NEEDED.

Thank you!

JUL 22 2020

R. HUNT