
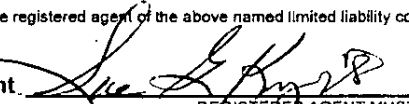








REFERENCES

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 JAN 21 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
DOCUMENT # M12000001930																									
1. Limited Liability Company's Name 508MV, L.L.C.																									
2. Principal Office Address - No P.O. Box # c/o Triangle Air Services Suite, Apt. #, etc. 55 Railroad Ave, Plaza Level City & State Greenwich, CT Zip 06830		3. Mailing Office Address c/o Triangle Air Services Suite, Apt. #, etc. 55 Railroad Ave, Plaza Level City & State Greenwich, CT Zip 06830		4. State/Country of Formation Delaware																					
				5. Date Organized or Qualified To Do Business in Florida 04/05/2012																					
				6. FEI Number 454673464																					
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																					
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																					
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee				E-mail Address: 300255726263 RRoman@zifflegal.com (To be used for future annual report notices)																					
				State FL																					
				Zip Code 32301																					
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:  Sue G. Knight Assistant Vice President Date: 1/16/14 REGISTERED AGENT MUST SIGN																									
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles AMBR/MGR</th><th style="width: 30%;">Name of Authorized Person</th><th style="width: 30%;">Street Address of Each Authorized Person</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td></td><td>David Gray</td><td>55 Railroad Ave, Plaza Level</td><td>Greenwich, CT 06830</td></tr><tr><td></td><td>Spencer Lehw</td><td>55 Railroad Ave, Plaza Level</td><td>Greenwich, CT 06830</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip		David Gray	55 Railroad Ave, Plaza Level	Greenwich, CT 06830		Spencer Lehw	55 Railroad Ave, Plaza Level	Greenwich, CT 06830								
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REINSTATEMENT				2013-2014																					
				JAN 21 2014																					
				E. SELLERS																					
11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Authorized Person:  Date: 01/16/2014 Daytime Phone: (212) 292-6000 Typed or printed name of signing Authorized Person: David Gray																									