FORFIELDA	LINGTRUGTIONS BEFORE	COMPLETING THIS FORM.	
LIMITED LIABILITY COMPANY REINSTATEMENT	CORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS OI JAN 29 AM 10: 39	
DOCUMENT # M9800 1. Limited Liability Company's Name AMERICAN AIR	00000213 Corkoup 1.1:C		
5450 NW 33 RD AVE Suite, Apt. #, etc. 10.8	3. Mailing Office Address 5450 NW 33 AVE Suite, Apt. #, etc. 108 City & State	4. State/Country of Formation NEVEDA 5. Date Organized or Qualified To Do Business in Florida MARCH 5, 1998	
FT. LAUDERDALE, FL	FT. LAUDERDALE FL Zip Country 33309 U.S.A	6. FEI Number Applied For 9/-/8 90 3 /5 Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED Corporatificate of Status	
8. Name and Address of Current Registered Agent Name FATEH KHAN Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City T. LAUDERDALE, State			
10. Names and Street Addresses of Managing Members Name of Managing Members/Managers MANAGER FATEH KHAN	Street Address of Each Managing Member/Mana		
REINSTATEME	NT 2000		
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 filling 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 aff 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 Fatty Ryan Date 12-22 Department of the provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certif			
Typed or printed name of signing Managing Member/ManagerFATEHKHAN			