


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000000213					
1. Limited Liability Company's Name AMERICAN AIR GROUP LLC					
2. Principal Office Address 5450 NW 33RD AVE Suite, Apt. #, etc. 108 City & State FT. LAUDERDALE, FL Zip 33309 Country U.S.A		3. Mailing Office Address 5450 NW 33RD AVE Suite, Apt. #, etc. 108 City & State FT. LAUDERDALE, FL Zip 33309 Country U.S.A		4. State/Country of Formation NEVADA 5. Date Organized or Qualified To Do Business in Florida MARCH 5, 1998 6. FEI Number 91-1890315 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$300 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name FATEH KHAN 800004725198-0 Street Address (P.O. Box Number is Not Acceptable) 5450 NW 33RD AVE #108 12/13/01-01071-014 Suite, Apt. #, Etc. ****150.00 ****150.00 City FT. LAUDERDALE State FL Zip Code 33309					
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 Fateh Kha. Date 12-10-01 REGISTERED AGENT MUST SIGN					
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 MANAGER FATEH KHAN 5450 NW 33RD AVE #108 FT. LAUDERDALE, FL 33309					
REINSTATEMENT OK dec					
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 Fateh Kha. Date 12-10-01 Daytime Phone # 954-485-5505 Typed or printed name of signing Managing Member/Manager FATEH KHAN					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA