

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

M98000000213

FILED

1. DOCUMENT # M98000000213

Name and Mailing Address

2003 JAN 13 PM 4:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0003228 01 FP 0.352 \*\*PRST TO 0 0615 33309-635333

AMERICAN AIR GROUP L.L.C.  
5450 NORTHWEST 33RD AVENUE, SUITE 108  
FORT LAUDERDALE FL 33309-6353



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> NV	
<b>Principal Place of Business</b> 5450 NORTHWEST 33RD AVENUE, SUITE 108 FORT LAUDERDALE FL 33309		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/02/1998	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 91-1890315	
<b>8. Name and Address of Current Registered Agent</b> KHAN, FATEH M 5450 NORTHWEST 33RD AVENUE, SUITE 108 FORT LAUDERDALE FL 33309		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<b>10. 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.</b> Signature of Registered Agent <u>Fateh Khan</u> Date <u>1-10-03</u> REGISTERED AGENT MUST SIGN	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KHAN, FATEH M	5450 NORTHWEST 33RD AVENUE, SUITE 108	FORT LAUDERDALE FL 33309
000009619460 12/20/02--01070--001 **150.00			
REINSTATEMENT 2002 <u>JB</u>			

CR2E084 (8/02)

12. 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 Khan

Date 12-16-02

Daytime Phone # 954-739-2614

Typed or printed name of signing Managing Member/Manager

FATEH M. KHAN