

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 PM 12:35

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338
L207/18/04

DOCUMENT # M98000001338

1. Limited Liability Company's Name

TAM PARTS & LOGISTICS, L.L.C.

REINSTATEMENT 2002-2004

2. Principal Office Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 700

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 700

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

11/13/1998

6. FEI Number

65-0874727

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

ANTONIO BOTELHO

Street Address (P.O. Box Number is Not Acceptable)

5201 BLUE LAGOON DRIVE 05/06/04--01080--002 **150.00

Suite, Apt. #, Etc.

SUITE 700

05/06/04--01080--003 **5.00

City

MIAMI

State

FL

Zip Code

33126

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

[Signature]

Date 5/3/2004

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
MGR	ANTONIO BOTELHO	5201 BLUE LAGOON DRIVE, STE. 700	MIAMI, FL 33126

REINSTATEMENT

2002-2004

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

[Signature]

Date 5/3/2004

Daytime Phone# (305)477-5997

Typed or printed name of signing Managing Member/Manager

ANTONIO MARCOS BOTELHO

2 of 2

TAM Parts & Logistics, L.L.C.
5201 Blue Lagoon Drive, Ste. 700
Miami, FL 33134

May 3, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 PM 12:35

REF: #M98000001338

Gentlemen:

Attached you will find our Corporation Reinstatement Form along with our check in the amount of \$150.00 to cover the UBR fees due for 2002, 2003 and 2004.

We changed our mailing address and this is the reason for not having received the Annual Report. Please change our mailing address to:

TAM Parts & Logistics, L.L.C.
5201 Blue Lagoon Drive
Suite. 700
Miami, FL 33134

Thank you in advance for your cooperation in this matter.

Sincerely,



Antonio Botelho
Manager