	, PLEASE RE	AD ALL INS	STRUCTIONS BEFORE	COMPLETING THIS FORM.	
FORT DE ATM TO LIANE CELEVIE TO DIVISION OF CORPORATIONS				71 FILED 03 SEP 30 PM 2: 53	
DOCUMENT # M99000000171				SECHETARY OF STALL TALLAHASSEE. FLORIDA	
Limited Liability	Company's Name			MALAMOORELIECONINA	
Op:	a-Locka Aviati	on Group, 1	LLC.		
Principal Office	Address	3. Mailin	g Office Address		
6315 Misty	vood Lane	Same		4. State/Country of Formation	
uite, Apt. #, etc.	•	Suite, Apt.	#, etc.	Delaware, USA	
				5. Date Organized or Qualified To Do Business in Florida 2/05/1999	
City & State Rapidan, VA		City & Sta	te	6. FEI Number Applied For 65–0952959 Not Applied For	
^{21p} 22733	Country USA	Zip	Country	7- CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee requirements for a Certificate of Status	
		8.	Name and Address of Current Regist	ered Agent	
Name		Cronic		200023412932	
Street	Steven C. Cronig Street Address (P.O. Box Number is Not Acceptable)				
- Circo		•	laza, 3250 Mary Street	:	
Suite,	Apt. #, Etc.				
City	Coconut	Grove		State Zip Code 33133	
. I. being appointe	ed the registered agent of the	ne above named/lim	nited liability company, am familiar with an	d accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	AH		and items of the state of the s	Date 9/26/2003	
7		REGISTERED	AGENT MUST SIGN		
O. Names and St	reet Addresses of Managin	g Members/Manag	ers		
Titles	Name of Managing Members/Managers		Street Address of Ea Managing Member/Mar		
Mgr. Pro	gr. Prof. Matthew C. Huds		6315 Mistwood Lane	Rapidan VA 22733	
,					
			· · · · · · · · · · · · · · · · · · ·	1 11/1 11902	
			REMISE TO THE REPORT OF THE RE	ATEMENT 2003-2003	

filing this reinsta	atement application the reas	son for dissolution h	as been eliminated, the limited liability con	plication as provided for in chapter 608, F.S. I further certify that when npany name satisfies the requirements of section 608.406, F.S., and that up it frue and accurate and my signature shall have the same legal effect.	
as if made und		y nave been paid. I	The miormation indicated on this application	n is true and accurate, and my signature shall have the same legal effect	
gnature of anaging Member/N	111th	1 / 1/4	udasis -	/26/2003 Daytime Phone # 540-672-0600	

Prof. Matthew C. Hudson, Manager

Typed or printed name of signing Managing Member/Manager

R2FD41 (10/02)