

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 14 AM 11:05

**DOCUMENT #**

200304

**1. Limited Liability Company's Name**

WORLDWIDE AVIONICS, LC

**2. Principal Office Address**

2561 NW 74 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

US

**3. Mailing Office Address**

PO BOX 593242

Suite, Apt. #, etc.

MIAMI INT'L AIRPORT

City & State

MIAMI, FL

Zip

33159

Country

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

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

LEO LORENZ

400003478954-1

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

1467 SW 99TH TERRACE

-11/28/00--01098--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Suite, Apt. #, Etc.

City

DAVIE FLORIDA

State

FL

Zip Code

33324

**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

*Leo Lorenz*

REGISTERED AGENT MUST SIGN

Date

10/16/00

**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
MD	HILARIO HERNANDEZ	10474 NW 130 ST.	Hialeah Gardens, FL 33010
MD	LEO LORENZ	1467 SW 99TH TERRACE	DAVIE FL 33324

**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

*Hilario Hernandez*

Date

10/16/00

Daytime Phone #

305-477-4063

Typed or printed name of signing Managing Member/Manager

HILARIO HERNANDEZ

CR2E041 (9/00)