

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

700304

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

12/17 2002

DOCUMENT # **Z 00304**

1. Limited Liability Company's Name
Worldwide Avionics, L.C.

2. Principal Office Address 2561 NW 74TH AVE.		3. Mailing Office Address P.O. Box 593242	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI INTERNATIONAL AIRPORT	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33122-1417	Country USA	Zip 33159-3242	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/22/1990	
6. FEI Number 65-0242544	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name LEO LORENZ	
Street Address (P.O. Box Number is Not Acceptable) 2561 NW 74TH AVENUE	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33122	

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** Date **12/11/2002**

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
MB	LEO LORENZ	2561 NW 74TH AVE	MIAMI FL 33122
MB	HILARIO HERNANDEZ	2561 NW 74TH AVE	MIAMI FL 33122

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 **Leo Lorenz** Date **12/11/2002** Daytime Phone # **305-477-4063**

Typed or printed name of signing Managing Member/Manager **LEO LORENZ**