

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 SEP -5 PM 3:07

SECRETARY OF STATE  
DAVID A. MASSEY, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000130190

1. Limited Liability Company's Name

Vortex Aviation and Motors, LLC

300264063293  
09/05/14--01017--004 \*\*377.50

CR2E041 (1/14)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. Principal Office Address - No P.O. Box #<br>2 South Biscayne Blvd.<br>Suite, Apt. #, etc.<br>2400<br>City & State<br>Miami, Florida<br>Zip<br>33131 |  | 3. Mailing Office Address<br>2 South Biscayne Blvd.<br>Suite, Apt. #, etc.<br>2400<br>City & State<br>Miami, Florida<br>Zip<br>33131 |  | 4. State/Country of Formation<br>Florida   |  |
| Country<br>USA   |  | Country<br>USA   |  | 5. Date Organized or Qualified To Do Business in Florida:<br>October 12, 2012      |  |
|  |  |  |  | 6. FEI Number<br>46-1166904  |  |
|  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |  |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>   |  |  |  |  |  |

8. Name and Address of Current Registered Agent

Name  
Louis P. Archambault

Street Address (P.O. Box Number is Not Acceptable)  
2 South Biscayne Blvd.

Suite, Apt. #, Etc.  
Suite 2400

City  
Miami

State  
FL

Zip Code  
33131

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date  
9/4/14

10. Names and Street Addresses of Authorized Representatives/Managers

| Title | Name of Authorized Representative/Managers | Street Address of Each Authorized Representative/Manager | City/State/Zip                            |
|-------|--|--|---|
| MGR   | Bruna Teixeira de Brito                    | Alameda Chile 441F                                       | Barueri, Sao Paulo, Brazil, Cap-06470-180 |
| MGR   | Vitor Teixeira de Brito                    | Alameda Chile 441F                                       | Barueri, Sao Paulo, Brazil, Cap-06470-180 |

REINSTATEMENT

SEP -5 2014

R. HUNT

11. E-mail Address: [wbrito@coabracoes.com.br](mailto:wbrito@coabracoes.com.br)

(To be used for future annual report notices only)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, F.S. and that all fees owed by the limited liability company have been paid. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager

Date  
09/04/14

Daytime Phone #  
+55(11)5105-1500

Typed or printed name of signatory Authorized Representative/Manager