PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # 700000 47575								TAĒ	LAHAS	RY OF ST SSEE. FLO	RIDA	
AireWeb Technologies								3000076743134 -09/12/0201005021 ****300.00 *****300.00				
2. Principa 5200 Suite, Apt. 6	al Office Address Town C		er Cir.	3. Mailing 0 5200 To	own	Center	?Cir	0	(-7	150	M	L.
#450 #450					4. Date Incor To Do Bus						*	
City & State	Palon	Ŧ	L	City & State	Rate	on, FI	Ĺ	5. FEI Numbe		7386	 	Applied For
^{Zip} 3346	96 Ü		A	^{zip} 3348	6	Country, USA		6.				nal Fee required cate of Status
7. Name and Address of Current Registered Agent												
	Name Corp Direct Agents. Inc.											
	Street Address (P.O. Box Number is Not Acceptable)											
Suite, Apt. #, Etc.												
	city Ta	110	hasse						State FL	Zip Code 3230	İ	
8.), being appointed the registered agent of the poove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.												
Signature of Registered Agent Date B/21/02												
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)												
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / S	State / Zip	
P	Rex Garcia Bo				5200 Boca	200 Town Center Circle boca Raton, FL 33406				10-1	101	
VP	Juan	Juan C. Cegazza 50				ana						
VP	Franci	rancisco Padron Same								(X	N'	
5	Felix	Ar	105-]	GOR	50	me.					1	

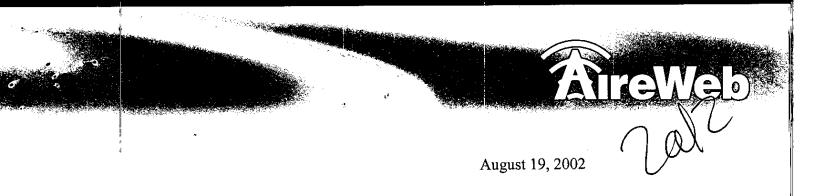
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President (561)999-2003

Daytime Phone #



Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: AireWeb Technologies, Inc. P00000047525

Dear Sir/Madam:

This letter will serve to inform you that effective September 15, 2000 our offices moved to 5200 Town Center Circle, Suite 450, Boca Raton, FL 33486. For this reason we did not received any correspondence in regards to the requirement of filling the Corporation's Annual Report. I ask that you please waive any late fees associated with this delay.

Thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact me at (561) 999-8888.

Sincerely,

Rene Garcia President

5200 Town Center Circle

Suite 450

Boca Raton, FL 33486

www.aireweb.com

561-447-7038

561-447-9629

Fax: 561-447-8582