

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2/2

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 21 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000047525**
1. Corporation Name
AirWeb Technologies

300007674313--4
-09/12/02--01005--021
****300.00 ****300.00

01-02 upbl

2. Principal Office Address 5200 Town Center Cir.		3. Mailing Office Address 5200 Town Center Cir.	
Suite, Apt. #, etc. #450		Suite, Apt. #, etc. #450	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33406	Country USA	Zip 33406	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1017386	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Corp Direct Agents, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian Street.
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent *[Signature]* Date **8/21/02**
REGISTERED AGENT MUST SIGN

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 / State / Zip
P	Rex Garcia	5200 Town Center Circle Boca Raton, FL 33406	<i>[Signature]</i>
VP	Juan C. Cegarra	same	
VP	Francisco Padron	same	
S	Felix Arres-Igor	same.	

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]* President (561) 999-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)



Val

August 19, 2002

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