

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 APR 11 PM 2:50

DOCUMENT # P00000090538

1. Corporation Name

2. Principal Office Address

14211 S.W. 129 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33186

Country

USA

3. Mailing Office Address

14211 S.W. 129 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

700015748997
04/11/03--01034--007 **458.75

5. FEI Number

52-2296863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAM SIU FUNG

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

14211 S.W. 129 COURT

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State
FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date 03-19-2003

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
D	LAM SIU FUNG	14211 S.W. 129 COURT	MIAMI FL. 33186

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

MARC-19-2003

Date

305-773-0106

Daytime Phone #

CR2E081 (10/02)

March 16, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs,

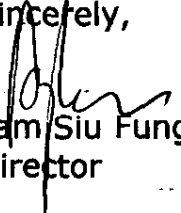
This is to inform you that we have never receive the Uniform Business Report (UBR); therefore, we never pay the renovation charges for the years 2001, 2002, 2003.

Corporation name is Air Max Import & Export, Inc. Our document number P0000090538 filed on September 26, 2000. In addition, the current address is 14211 SW 129th Court, Miami, FL 33186.

As per our conversation, I am sending you the Corporation Reinstatement and check for the amount of \$458.75 for the 2001, 2002, and 2003 fees.

Thanking you in advance for your collaboration on this matter.

Sincerely,


Lam Siu Fung
Director