

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 DEC 10 AM 11 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO8000080103

1. Corporation Name  
AIR GLOBAL AMERICA CORPORATION

**REINSTATEMENT 09-10**

500188575945  
12/10/10--01021--003 \*\*\$900.00

CR2E081 (4/10)

09-12-10

2. Principal Office Address - No P.O. Box #  
1327 PORTO FINO CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.  
#706

Suite, Apt. #, etc.

City & State  
WESTON FLORIDA

City & State

Zip  
33326

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
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  
EUVALDO J. RIVAS LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
8040 NW 156 TERRACE

Suite, Apt. #, Etc.

City  
MIAMI FLORIDA

State  
FL

Zip Code  
33016

PROFIT CORPORATIONS ONLY  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.  
Signature of Registered Agent [Signature] Date 09-18-2010  
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
<u>President</u>	<u>EUVALDO J. RIVAS</u>	<u>8040 NW 156 TERR -</u>	<u>MIAMI FL. 33016</u>
<u>VP</u>	<u>ALIX TORRE ALBA RIVAS</u>	<u>8040 NW TERR</u>	<u>MIAMI FL. 33016</u>

10. E-mail Address: EUVALDO@LOWERRHIA.COM  
(To be used for future annual report notification)

11. 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. I further certify, 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] Date 09-18-2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #