


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -3 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02-3879 1. Corporation Name AirportX, Inc.			
2. Principal Office Address 6511 Nova Drive Suite, Apt. #, etc. #254 City & State Davie, FL 33317 Zip 33317 Country U.S.A.		3. Mailing Office Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same	

4. Date Incorporated or Qualified To Do Business in Florida July 29, 2002	
5. FEI Number 65-1123638	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Emer B. Natalio			
Street Address (P.O. Box Number is Not Acceptable)		600026219306	
6511 Nova Drive		01/08/04--01086--009 **150.00	
Suite, Apt. #, Etc.		#254	
City	Davie	State	Zip Code
		FL	33317

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: *Emer B. Natalio* REGISTERED AGENT MUST SIGN Date: 12/26/2003

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
Pres.	Emer B. Natalio	6511 Nova Drive #254	Davie, FL 33317
			600026219306 01/08/04--01086--010 **8.75

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)(l), 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: *Emer B. Natalio* CEO Date: 12/26/2003 Daytime Phone #: 954-292-0948

CR2E081 (10/02)



6511 Nova Drive # 254
Davie, FL 33317

The Airport Mobile Commerce Provider
www.airportx.com

Phone: 954-292-0948
Fax: 561-417-4547

December 26, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement Letter & Waiver Fee

Dear Sir/Madam:

In accordance with your reinstatement directions as provided on the official state of Florida's automated voice response unit at (850) 245-6059 option number 3, AirportX, Inc. has included with this letter all the required items.

This letter is to provide the Division of Corporations formal notification that AirportX, Inc. never received the annual report form.

Enclosed with this letter is check #2015 for the waiver fee of \$150.00 to change our status to active. In addition, a separate check number #2016 for \$8.75 is included for the Certificate of Status as well as the reinstatement form.

Thank you for your assistance.

Best regards,

A handwritten signature in black ink, appearing to read "Emer B. Natalio".

Emer B. Natalio
Chief Executive Officer

Enclosures