


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 CORPORATIONS

05 NOV -9 PM 3: 34

DOCUMENT # G57023

1. Corporation Name

WESTWAY INTERNATIONAL, INC.

**REINSTATEMENT** 09-05

200061292232  
11/09/05--01038--010 \*\*900.00

CR2E081 (8/05)

2. Principal Office Address 1400 S.W. 27TH AVE. Suite, Apt. #, etc. SUITE 102 MIAMI, FLORIDA Zip 33145 Country		3. Mailing Office Address 1400 S.W. 27TH AVE. Suite, Apt. #, etc. SUITE 102 MIAMI, FLORIDA Zip 33145 Country	
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4. Date Incorporated or Qualified To Do Business in Florida -08/26/83	
5. FEI Number 59-2600327	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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  
RAMON GOMEZ

Street Address (P.O. Box Number is Not Acceptable)  
1400 S.W. 27TH AVE.

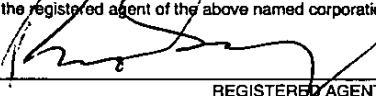
Suite, Apt. #, Etc.  
SUITE 102

City  
MIAMI

State  
FL

Zip Code  
33145

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.

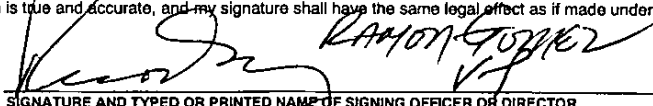
Signature of Registered Agent  Date 11/7/05

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	EROSA, MARGARITA	COLONIA MEXICO #10	MERIDA-- YUCATAN, MEXICO
VP S.	GOMEZ, RAMON	1400 S.W. 27TH AVE. #102	MIAMI, FL. 33145

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)(f), 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:  Date 11/7/05 3056441223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR