

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 19 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-03

DOCUMENT # N00000002781

1. Corporation Name

Save our Airport, Inc.

2. Principal Office Address

150 W. Flagler Street

3. Mailing Office Address

150 W. Flagler Street

Suite, Apt. #, etc.

Suite 1820

Suite, Apt. #, etc.

Suite 1820

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

usa

Zip

33130

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/2000

5. FEI Number

03-0516013

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

Mario J. Artecona

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

6525 sw 55 lane

900019326739

05/19/03--01088--004 **192.50

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

4/30/03

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	Adolfo Henriquez	2800 Ponce de Leon, 15th floor	Coral Gables, FL 33134
D	Henry Adorno	2601 S Bayshore Dr.	Miami, FL 33133
D	Philip Blumberg	255 alhambra, 14th floor	Coral Gables, FL 33134
T/D	Mario Artecona	150 w.flagler, suite 1820	Miami, FL 33130

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

MARIO ARTECONA 4/30/03

Date

Daytime Phone #

305.
347-5423

CR2E081 (10/02)

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