2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000009911

1. Entity Name
AIRTRAK INTERNET COMMUNICATIONS INCORPORATED

FILED
05 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08082005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
17160 SW 94TH AVE., #604 BOX 571010 MIAMI, FL 33157	17160 SW 94TH AVE., #604 BOX 571010 MIAMI, FL 33157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3742019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, HERVEL E
17160 SW 94TH AVE., #604
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEST, HERVEL 17160 SW 94TH AVE., #604 MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 00005844501O 08/10/05--01034--008 **908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, DWIGHT 17160 SW 94TH AVE., #604 MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Jileen WEST 17160 S.W 94th AVE # 604 Miami FL. 33157
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, YVONNE 17160 SW 94TH AVE., #604 MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, LISA 17160 SW 94TH AVE., #604 MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition R 8/12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/9/05 305.4001 6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HERVEL E WEST Pres