

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

06 MAR 20 PM 2: 34

DOCUMENT # P00000009911

1. Corporation Name

AIRTRAK INTERNET COMMUNICATIONS INCORPORATED

2. Principal Office Address

17160 s.w.94th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#604

Suite, Apt. #, etc.

Same

City & State

Palmetto Bay Florida

City & State

Same

Zip

331567

Country

Dade

Zip

Same

Country

Same

REINSTATEMENT 04-06
CR 20081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3742019

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

Hervel E. West

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

17160 S.W. 94th Ave

Suite, Apt. #, Etc.

#604

City

Palmetto Bay

State

FL

Zip Code

33157

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/17/06

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	Hervel E. West	17160 S.W. 94th Ave #604	Palmetto Bay Fl. 33157
Dr.	Lisa Wilson	17160 S.W. 94th Ave #604	Palmetto Bay FL.33157
Dr.	Dwight West	17160 S.W. 94th Ave #604	Palmetto Bay Fl. 33157

300069060119
03/30/06--01054--017 **1050.00

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 contained in Chapter 119, 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

[Handwritten Signature] President

Date

3/17/06

Daytime Phone #