## 2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						FILED				
DOCUMENT # P03000081600						23				
1. Entity Nam				07 FEB 19 PM 3: 23						
AIRBRIDGE IMPORT EXPORT, INC.				1		SECRETARY OF STATE TALEAHASSEE, FLORIDA				
				Con m	E53/	S	ECENTARY TAR	FLORIDA		
Principal Place of Business Mailing Address						15	LLAHM35"	•		
6249 SAVANNAH BREEZE CT APT #101 6249 SAVANNAH BREEZE TAMPA, FL 33625 TAMPA, FL 33625				CT APT #101						
TAWIFA, LE 33023										
A Division Plant of Division At DO Do Mark To Addition										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address   12923 BIG SUR DRIVE   12923 BIG SUR DRIVE							<b>                             </b>			
Suite, Apt. #, etc. Suite. Apt. #, etc.					02	184250 OF T TE	TENT EN TIP A	dR21€008N1/47		
City & State City & State						KLI	MATER	J. L. JATT	MAN TO	
TAMPA	PA FLORIDA TAMPA FLO					4. FEI Number Applied For 20-0113752 Not Applicable				
33625	Country U 🛠	33625	Countr USA	•	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
-VIERIRA	MARCIA	-	Ĺ	Vame √	IEIRA	IRA, MARCIO C				
12923 BIG SUR DR					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33625										
		w., *	-	City				FL Zip Cod	e	
8. The above	named entity submits this statement for	r the purpose of changing its	egistere	d office or r	registered ag	ent, or both, in	the State of Florida		and accept	
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 Lario C. Vin 02/14/03										
-	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signati	ure required whe	n reinstating)		DATE		
	·					In	accordance with	s. 607.193(2)(b).	F.S., the	
FII	LE NOW!!! FEE IS \$300.00						rporation did not			
10.	OFFICERS AND	I DIRECTORS	11.		AC	DITIONS/CH/	NGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE	D	TITLE					Change	☐ Addition		
name Street address	CORPAS, MAURICIO D <del>18249 SAVANNAH BREEZE CT A</del>	NAMÉ STREE	T ADORESS	12923	B14 50	R DRIVE				
CITY-ST-ZIP					TAMPA	FLORIT	A 33625			
TITLE	D Delete 117							Change	Addition	
NAME OFFICE ADDRESS	VIEIRA, MARCIO C 8249 SAVANNAH BREEZE CT APT #101			1 ADDRESS	12923	B19 5	UR DRIVE	, ,		
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33625	F1#104			TAMPA	FLORIT	A 33625			
1MLE	······································	☐ Defete	HILE		D/VP/T	reasure	er	Change		
NAME	. N					Amadeι				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		_	ill Drive			
TITLE		□ Delete	TITLE		Tampa,	<del>, FL 33</del>	624	☐ Change	Addition	
NAME			NAME	- 1						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TIBLE		☐ Delete	HITLE					☐ Change	☐ Addition	
NAME			NAME	- 1		വവ	വാള	_ •	_	
STREET ADORESS CITY-ST-ZIP				ST-ZIP		02/22/	00889 '0701001-	-016 **30	00.00	
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS				ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for			ntained in C	hapter 119 Ftr	rida Statutes I furth	ner certify that the i	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 the properties of the corporation of t										
changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: O2/14/07 (813) 967- 2480 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daylime Phone #										