


2007 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000081600		
1. Entity Name AIRBRIDGE IMPORT EXPORT, INC.		

FILED
07 FEB 19 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6249 SAVANNAH BREEZE CT APT #101 TAMPA, FL 33625	Mailing Address 6249 SAVANNAH BREEZE CT APT #101 TAMPA, FL 33625
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2. Principal Place of Business - No P.O. Box # 12923 BIG SUR DRIVE Suite, Apt. #, etc.	3. Mailing Address 12923 BIG SUR DRIVE Suite, Apt. #, etc.
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REINSTATEMENT 7

City & State TAMPA FLORIDA	City & State TAMPA FLORIDA	4. FET Number 20-0113752	Applied For <input type="checkbox"/> Not Applicable
Zip 33625	Country USA	Zip 33625	Country USA
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name VIEIRA, MARCIO C	
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: Marcio C. Vieira DATE: 02/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPAS, MAURICIO D 6249 SAVANNAH BREEZE CT APT #101 TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12923 BIG SUR DRIVE TAMPA FLORIDA 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIEIRA, MARCIO C 6249 SAVANNAH BREEZE CT APT #101 TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12923 BIG SUR DRIVE TAMPA FLORIDA 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/VP/Treasurer Paiva, Amadeu 4702 Countryhill Drive Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000088982230 02/22/07--01001--016 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcio C. Vieira DATE: 02/14/07 (813) 967-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR