


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000046651		
1. Entity Name AIRVIEW WAREHOUSES, INC.		

FILED
06 MAY 23 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134	Mailing Address 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134
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2. Principal Place of Business 9487 NW 12TH STREET Suite, Apt. #, etc.	3. Mailing Address 9487 NW 12TH STREET Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172	Country DADE

05182006 REIN-P CR2E098 (11/0)	05-06
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name LUIS ENRIQUEZ Street Address (P.O. Box Number is Not Acceptable) 9487 NW 12th STREET City MIAMI FL Zip Code 33172
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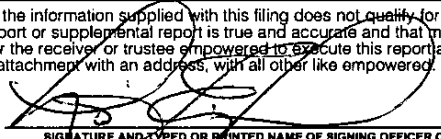
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000076163290 06/14/06--01006--003 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUIS ENRIQUEZ 9487 NW 12th STREET MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT, SECRETARY FAUSTINO J. PAREDES 9487 NW 12th STREET MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" 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
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

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:  5/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #