2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000146293

Entity Name: AIRZONE USA CORPORATION

FILED Sep 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1930 NE 147TH TERRACE 9401 NW 106 STREET. NORTH MIAMI, FL 33181 US

#104

MEDLEY, FL 33178

Current Mailing Address: New Mailing Address:

1930 NE 147TH TERRACE 9401 NW 106 STREET #104

NORTH MIAMI, FL 33181 US

MEDLEY, FL 33178 US

FEI Number: 20-8339674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARIAS, XAVIER ARIAS, XAVIER 1930 NE 147TH TERRACE 9401 NW 106 STREET, NORTH MIAMI, FL 33181 US #104

MEDLEY, FL 33178 US

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.

SIGNATURE: XAVIER ARIAS 09/30/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MEDIATO, ANTONIO MEDIATO, ANTONIO Name: Name: 1930 NE 147TH TERRACE 9401 NW 106 STREET, #104 Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 US City-St-Zip: MEDLEY, FL 33178 US

VΡ Title: VΡ (X) Change () Addition Title: () Delete

Name: MORAL, JULIO Name: MORAL, JULIO

1930 NE 147TH TERRACE 9401 NW 106 STREET, #104 Address: Address: MEDLEY, FL 33178 US NORTH MIAMI, FL 33181 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD

ARIAS, XAVIER ARIAS, XAVIER Name: Name:

1930 NE 147TH TERRACE 9401 NW 106 STREET .#104 Address Address: City-St-Zip: NORTH MIAMI, FL 33181 US City-St-Zip: MEDLEY, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XAVIER ARIAS SD 09/30/2009