

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W06000011303

FILED

07 JAN 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-954015182

1. Corporation Name

P95000015182

AIRCOMM CORP

400086471704
01/30/07--01005--005 **450.00

REINSTATEMENT 05-07

CR2E081 (8/05)

2. Principal Office Address

11865 SW 26 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

A-2

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip 33175

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/95

5. FEI Number

65-0323480

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

PEDRO M AROCHA

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

1141 SW 84 CT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33144

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

Pedro M Arocha

Date

9/19/2006

REGISTERED AGENT MUST SIGN

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
<u>PRES.</u>	<u>PEDRO M AROCHA</u>	<u>1141 SW 84 CT</u>	<u>MIAMI, FL. 33144</u>
<u>SEC.</u>	<u>CARMEN AROCHA</u>	<u>1141 SW 84 CT</u>	<u>MIAMI, FL. 33144</u>

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 under section 119.07(3)(i), 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:

Pedro M Arocha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/19/06

Daytime Phone #

305-552-6890

January 25, 2007

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FLORIDA DIVISION OF CORPORATIONS

RE: AROCOMM CORPORATION

We never received the renewals forms for the years 2005,2006. We would like to re-incorporate said company, and bring it up to date, by paying for 2005,2006 and 2007.

Thanking you in this matter...

CARMEN AROCHA

A handwritten signature in cursive script, appearing to read "Carmen Arocha", written in black ink.