PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004455

1. Corporation Name
WEXXON AIRPORT GROUP, INC.

Principal Place of Business	Mailing Address
1630 N.W. 82ND Ave MIAMI, FL 33126	1630 N.W. 82ND Ave. MIAMI, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

97-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
WEXXON AIRPORT GROUP INC	
Suite, Apt. #, etc. 275 POINCIANA DRIVE	Suite, Apt. #, etc. 275 POINCIANA DR.
City & State INDIAN HARBOR BEACH, FL	City & State INDIAN HARBOR BEACH, FL.
Zip 32937 Country	Zip 32937 Country

4. Date Incorporated or Qualified To Do Business in Florida
01-12-96

5. FEI Number
Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GONZALEZ, ROLANDO G	1630 N.W. 82ND Ave.	MIAMI, FL 33126
D	ELDER, RICK	1630 N.W. 82ND Ave.	MIAMI, FL 33126
D	BOTTO, DAVID	275 POINCIANA DR.	INDIAN HARBOR BEACH. MELBOURNE, FL 32937

REINSTATEMENT 97-98 FEE 8/11/98

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-08/10/98--01007--019
*****908.75 *****908.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PETER R. ABOSADA ESQ 2903 SALZADO ST VICTORIA BLDG CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

CR2E040 (1.96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Peter R. Abosada
REGISTERED AGENT MUST SIGN
Date 8/03/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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.

(305) 341 4116

SIGNATURE: [signature] ROLANDO J. GONZALEZ E. July 10, 1998 (407) 773 0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #