

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004455

1. Corporation Name

WEXXON AIRPORT GROUP, INC.

Principal Place of Business

275 POINCIANA DRIVE  
INDIAN HARBOR FL 32937

Mailing Address

275 POINCIANA DRIVE  
INDIAN HARBOR FL 32937

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1996

5. FEI Number 65-0968563

APPLIED FOR

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
D	GONZALEZ, ROLANDO G	1630 NW 82ND AVENUE	MIAMI FL 33126
D	ELDER, RICK	1630 NW 82ND AVE	MIAMI FL 33126
D	BOTTO, DAVID	275 POINCIANA DRIVE	INDIAN HARBOR FL 32937

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ABESADA, PETER R ESQ.  
2903 SALZEDO STREET/VICTORIA BLDG  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Antonio Garcia

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

2588 SW 27th Av

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33133

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/13/99

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/99

Daytime Phone #

(305) 593-2588

KE