

Audit No: H00000054665 5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 2:18

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REINSTATEMENT

DOCUMENT # P980U0020784

1. Corporation Name

AIRPORT ACQUISITION, INC.

2. Principal Office Address

10441 SW 187th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/98

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee (request  
for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name

MIAMI CORPORATE SYSTEMS, INC.

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

283 CATALONIA AVENUE

Suite, Apt. #, Etc.

2nd FLOOR

City

MIAMI

State  
FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/17/00

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
DP	Juan Carlos Mas	10441 SW 187 Street	Miami, FL 33157
DVPS	Jorge Mas, Jr.	10441 SW 187 Street	Miami, FL 33157
DT	Jose Ramon Mas	10441 SW 187 Street	Miami, FL 33157

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)(b), 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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS MAS

Date

Daytime Phone #

Audit No: H00000054665 5

Salomon B. Esquenazi, Esq., Rasco, Reininger & Paxon, P.A.  
283 Catalonia Ave., 2nd Floor, Coral Gables, FL 33134

GREEDY (9999)

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4004

From: Account Name : RASCO, REININGER & PEREZ, P.A.  
Account Number : 104076000124  
Phone : (305) 476-7100  
Fax Number : (305) 476-7102

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**CORPORATION REINSTATEMENT**

**AIRPORT ACQUISITION, INC.**

Certificate of Status	1
Certified Copy	0
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