


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUL -5 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020784

1. Corporation Name
Airport Acquisition, Inc.

2. Principal Office Address 3750 N.W. 87th Avenue		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33178	Country USA	Zip	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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
Roland Sanchez-Medina, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd.

Suite, Apt. #, Etc.
302

City
Coral Gables

State
FL

Zip Code
33134

B.
REINSTATEMENT 01-06

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 *[Signature]* Date **June 28, 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
DP	Juan Carlos Mas	3750 N.W. 87th Avenue	Miami, FL 33178
DVPS	Jorge Mas Santos	3750 N.W. 87th Avenue	Miami, FL 33178
DT	Jorge Ramon Mas	3750 N.W. 87th Avenue	Miami, FL 33178
AS	Roland Sanchez-Medina	2333 Ponce de Leon Blvd., Ste 302	Coral Gables, FL 33134
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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 contained in Chapter 119, 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]* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR