

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

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]

REGISTERED AGENT MUST SIGN

Date June 28, 2006

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #