

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

00 OCT 16 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000075677**

1. Corporation Name

**AIRPORT INFORMATION NETWORK, INC.**

Principal Place of Business	Mailing Address
6600 SW 57TH AVE. MIAMI FL 33143	6600 SW 57TH AVE. MIAMI FL 33143

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

4. Date Incorporated or Qualified To Do Business in Florida	08/31/1998
5. FEI Number	65-0870582
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ABRAHAM, THOMAS G	6600 SW 57TH AVE.	MIAMI FL 33143
			200003441432--4 -10/27/00--01005--014 ****750.00 ****750.00
			<b>REINSTATEMENT 00 TS</b>

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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 REQUIRED~~ Date 10-13-2000

REGISTERED AGENT MUST SIGN

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~~ Date 10-13-2000 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)