

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

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

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
			000005349330--0 -04/25/02--01067--020 ***150.00 ***150.00
			000005349330--0 -04/25/02--01067--021 ***150.00 ***150.00

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 **FL** 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

Anne Boutlier
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

ANNE BOUTLIER
ASSISTANT SECRETARY

Date

4-11-02

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

4-11-02

Date

305-666-8020

Daytime Phone #

CR2E040 (8/01)

20f2

AIRPORT INFORMATION NETWORK, INC.
6600 SW 57 Avenue, Suite 300
Miami, FL 33143
Phone: (305) 666-8020
Fax: (305) 666-8050

April 10, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Secretary of State:

AIRPORT INFORMATION NETWORK, INC. has been in business since August 1998 and filing its annual Uniform Business Report. Unfortunately last year, the form for the 2001 Uniform Business was never received, misplaced or lost in the move to our new offices. We greatly apologize for this inconvenience.

As AIRPORT INFORMATION NETWORK, INC. wishes to remain a company in good standing in Florida, please accept our check in advance of the May 1st filing deadline in the amount of the \$150.00 yearly filing fee for the year 2002.

We look forward to working with you. In the meantime, if I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Thomas G. Abraham
Director



Enclosures