

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

2000 UBR

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

DOCUMENT # **P99000071787**

1. Corporation Name
AirTouch Service, Inc.

2. Principal Office Address
15476 NW 77ct.
Suite, Apt. #, etc.
#315

3. Mailing Office Address
Same
Suite, Apt. #, etc.
Same

4. Date Incorporated or Qualified
To Do Business in Florida
August 9, 1999

5. FEI Number
05-0936947
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 5:25

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-01/05/01-01019-022
****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name **Richard Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
15476 NW 77th Ct.
Suite, Apt. #, Etc.
#315
City **Miami Lakes**

State **FL** Zip Code **33016**

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
RK

Date
12/8/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Richard Rodriguez	15476 NW 77ct #315	Miami Lakes, FL 33016
Vice-President	Camille Linares	15476 NW 77ct #315	Miami Lakes, FL 33016
Treasurer	Jose Hernandez	410 Essex Ave	Hialeah, FLORIDA 33010
			AD

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)(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: **RK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/01
305.825.8233

Daytime Phone #

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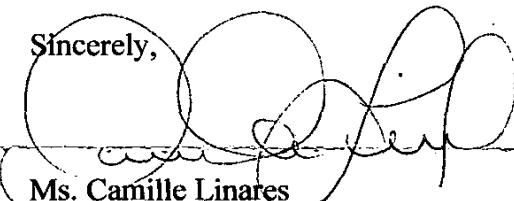
December 8, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern,

On November 6, 2000 I called the division of corporations to inquire about a form a friend told me I should have received from your office to update my corporation information. When I called I spoke to Ms. Fisher, who explained to me that my corporation had become inactive because they did not have my form. I told her I had never received it and the only reason I know I should have gotten one was from talking to a friend of mine. Ms. Fisher said I needed to fill out a reinstatement form and send a letter explaining why the original form had not been filled out. When she verified my mailing address, I told her the address she had was our old one. I gave her my new address and have enclosed the reinstatement form as she requested. Also please find a check for \$150.00, as I am requesting the \$600.00 reinstatement fee be waived. This was my first year of incorporation and had not expected any correspondence from your office. Please send all future correspondence to 15476 NW 77th Ct. #315 Miami Lakes, Fl. 33016. Thank you for your time and attention regarding this matter.

Sincerely,



Ms. Camille Linares
Vice President – Air Touch Service, Inc.
EIN- 65-0936947