

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR 95-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 19 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83264

1. Corporation Name
AIRMAR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
6950 NW 46 ST
MIAMI, FL 33126
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>6950 NW 46 ST</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State <u>MIAMI, FL</u>	City & State	5. FEI Number <u>65-0344794</u>
Zip <u>33126</u>	Country <u>U.S.A.</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ROBERTO FERNANDEZ	6950 NW 46 ST	MIAMI, FL 33126
V.P.	FRANK BARONE	6950 NW 46 ST	MIAMI, FL 33126
CHAIRMAN	JOHN DEWALT	6950 NW 46 ST	MIAMI, FL 33126

REINSTATEMENT 95-98
J. Man
3/19/98

B. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <u>JOHN DEWALT</u> Street Address (P.O. Box Number is Not Acceptable) <u>6950 NW 46 ST</u> Suite, Apt. #, Etc. <u>400002467344-0</u> City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33126</u>

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: John Dewalt REGISTERED AGENT MUST SIGN Date 3-16-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Frank Barone FRANK BARONE 3/16/98 (305) 496-8296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)