PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM VEO FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FØR95-98 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS 98 MAR 19 PM 2:55 DOCUMENT # 583264 SECRETARY OF STATE TALLAHASSEE, FLORIDA 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 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 6950 NW Suite, Apt. #, etc. 46 ST Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0344791 Not Applicable MAIM SB.75 Additional Fee required Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip ROBERTO FERNANDEZ 6950 NW 46 ST PRES MIAMI, FL 33126 6950 NW 465T FRANK BARONE v.P. MIAMI , FL 33126 CHDIR. JOHN DEWALT 6950 NW 465T MIAM , FL 33126 MAN REINSTATEME B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent OHO DEWALT ***1200 FLD 3831200 00 IMAIM 10. I, being appointed the registered figent of the above named conoration, am familiar with and accept the obligations of Section 607.0505, F.S. Date 3-16-98 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yesl 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 filling 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. JULY BUTTLE FRANK BARONE 3/16/98 (305)496-8296
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: