


**FILED**  
 05 06 PM 2:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>298609</u>					
1. Corporation Name AIROCAR, INC.					
2. Principal Office Address 160 S. Route 17 North			3. Mailing Office Address 160 S. Route 17 North		
Subs. Apt #, etc			Subs. Apt #, etc		
City & State Paramus, NJ			City & State Paramus, NJ		
Zip 07652		Country		Zip 07652	
				Country	
4. Date Incorporated or Qualified To Do Business in Florida 11/10/65					
5. FEI Number 59-1292777				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$6.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hayes St.

Subs. Apt #, Etc

City  
Tallahassee

State  
FL

Zip Code  
32301

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 Carla Lotti Carla Lotti Asst. Vice President Date 10-7-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP, TR	Ross Kinnear	160 S. Route 17 N.	Paramus, NJ 07652
Sec &	same		
Dir	same		

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)(d), 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: Ross Kinnear Ross Kinnear 9/12/05 713-286-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATOR (OPTION)

**Florida Department of State  
Division of Corporations  
Public Access System**

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**AIROCAR, INC.**

Certificate of Status	0
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