PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. " "FLORIDA DEPARTMENT OF STATE APPLICATION CILEU COME DARY OF STATE CORPORATION Katherine Harris Secretary of State DIVISION OF CORPORATIONS 99 AUG 10 AM 11:50 399627 DOCUMENT # 1. Corporation Name AEROCOL CORPORATION Principal Face of Business Mailing Address 5855 5W 405T MIAMI, FL 33155 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, It Applicable Date Incorporated or Qualified
 To Do Business in Florida 10/27 FAPI Suite, Apt. #, etc. Suite, Apt. #, etc 5 FEI Number City & State City & State -0027561 Ζiρ \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip P 14866 SW 40 CT. GERMAN OWNES MIRAMAR, FL. 33027 08/23/99--01003--007 \*\*\*\*330.00 \*\*\*\*330.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GERMAN QUAMPO Street Address (P.O. Box Number is Not Acceptable) 4066 SW 40 CT. MIRAMAR, FL 33027 Suite, Apt #, Etc State 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 REGISTERED. GENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property\Tax due June 30. 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 reinstalement 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. GENULO CA MOS
NTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE: