

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 19 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000059381210  
09/07/05--01010--011 \*\*900.00

DOCUMENT # P03000037896

1. Corporation Name

Special Air Corporation

2. Principal Office Address

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

Country

33126-1222

U.S.A.

3. Mailing Office Address

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

Country

33126-1222

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

del Valle, Manuel R.

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

7300 N.W. 19th St.

Suite, Apt. #, Etc.

Suite 101

City

Miami

State

FL

Zip Code

33126-1222

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

*Manuel R. del Valle*

Date 9-15-05

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
D/P	Molina, Eugenio	10011 N.W. 43rd Terr.	Miami, FL 33178
D/T	Molina, Margaret	10011 N.W. 43rd Terr.	Miami, FL 33178
D/S	Wilson, Edyana	10011 N.W. 43rd Terr.	Miami, FL 33178

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:

*Eugenio Molina*

Eugenio Molina

9-2-05

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)