


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000037896

1. Corporation Name

Special Air Corporation

2. Principal Office Address
10011 N.W. 43rd Terr.

3. Mailing Office Address
7300 N.W. 19th St.

Suite, Apt. #, etc.
Suite 101

City & State
Doral, FL

City & State
Miami, FL

Zip
33178

Country
U.S.A.

Zip
33126-1222

Country
U.S.A.

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10/29/07 10:10:01 **750.00
REINSTATEMENT 07

4. Date Incorporated or Qualified To Do Business in Florida
04/03/03

5. FEI Number
30-0445029

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
Manuel R. del Valle

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 10/16/07
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.	Doral, FL 33178
D/T	Molina, Margaret	10011 N.W. 43rd Terr.	Doral, FL 33178
D/S	Lang, Teresita	8512 N.W. 66th St.	Doral, FL 33166

10. I certify that I am an officer or director of 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 10/16/07 305-477-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

10/30
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