

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P94000026140**

02 NOV 14 PM 12:35

1. Corporation Name

**PRECISION AIR SYSTEMS, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT 02



300008973113  
 11/14/02--01001--002 \*\*750.00

Principal Place of Business

Mailing Address

3460 FAIRLANE FARMS RD  
 SUITE 8  
 WELLINGTON FL 33414  
 US

3460 FAIRLANE FARMS RD  
 SUITE 8  
 WELLINGTON FL 33414  
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

04/04/1994

1101 S. Crownway

1101 S. Crownway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0480483

Applied For

Wellington FL

Wellington FL

Not Applicable

Zip 33414

Country USA

Zip FL

Country USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KOTALIK, TERRY	1498 12TH FAIRWAY 13138 Doubletree Circle	WEST PALM BEACH FL 33414
D	KOTALIK, SY	1498 12TH FAIRWAY 13138 Doubletree Circle	WEST PALM BEACH FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOTALIK, TERRY  
 1498 12TH FAIRWAY  
 WEST PALM BEACH FL 33414

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 13138 Doubletree Circle  
 Suite, Apt. #, Etc.  
 3  
 City Wellington State FL Zip Code 33414

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/6/02

11. 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02 (821) 791-3980  
 Date Daytime Phone #