

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORCA 2000
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09 2000

DOCUMENT # P95000079109

1. Corporation Name
PRIME AIR, INC.

Principal Place of Business
8268 LEHIGH AVE
MORTON GROVE IL 60053
US

Mailing Address
8268 LEHIGH AVE
MORTON GROVE IL 60053
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6264 Oakton Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
6264 Oakton Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1995

SP

5. FEL Number

65-0621131

Applied For

Not Applicable

City & State
Morton Grove, Illinois

City & State
Morton Grove, Illinois

Zip
60053

Country
U.S.

Zip
60053

Country
U.S.

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	COHEN, BARRY M	1536 W. WOLFRAM	CHICAGO IL 60657

700003130277 4
-02/10/00--01004--010
***900.00 ***900.00

8. Name and Address of Current Registered Agent

COHEN, BARRY M
3838 ARNOLD AVE., BAY #3
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
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 AGENT MUST SIGN
Date 1/19/00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/00 847-583-1300
Date Daytime Phone #

CR2E040 (8/99)