

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 337024

1. Corporation Name

AIRIND CORPORATION

Principal Place of Business

6511 MELALEUCA RD.
FT. LAUDERDALE, FL
33330

Mailing Address

6511 MELALEUCA RD.
FT. LAUDERDALE, FL
33330

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 Address, if Applicable

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida 10/24/1968

5. FEI Number
59-2102613

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DIR	ROBERT D. CHARLES	6511 MELALEUCA RD.	FT. LAUDERDALE, FL 33330
DIR	NANCY CHARLES	6511 MELALEUCA RD.	FT. LAUDERDALE, FL 33330

STAMP: 10/25/99 10:00 AM
-04/07/99 - 01080-003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT D. CHARLES
6511 MELALEUCA RD.
FT. LAUDERDALE, FL 33330

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Robert D. Charles

REGISTERED AGENT MUST SIGN

Date

13-25-99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Robert D. Charles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-25-99 (954) 252-0900