

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 19 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544993

1. Corporation Name
AIR SPECIALISTS, INC.

Principal Place of Business

15986 NW 48 AVE.
HIALEAH FL 33014
US

Mailing Address

8540 SW 27TH PL
DAVIE FL 33328
US



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

2. New Principal Office Address, If Applicable
8540 SW 27 PL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

City & State
Davie FL

Zip Country
33328 Broward

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida 09/12/1977

5. FEI Number 59-1774892

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	DADDONA, LAURA	8540 SW 27TH PLACE	DAVIE FL
P	DADDONA, JOHN	8540 SW 27TH PLACE	DAVIE FL
			400002353544--2 -11/21/97--01004--003 ***750.00 ***750.00
			11-19-97

8. Name and Address of Current Registered Agent

DADDONA, LAURA
2456 W 8TH COURT
HIALEAH FL 33010

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of Registered Agent: *Laura Daddona*
REGISTERED AGENT MUST SIGN

Date 11-14-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Laura Daddona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97 954-370-5041
Date Daytime Phone #

CP2E040 (8/97)