

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 1:51

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # 583619

1. Corporation Name

Air Turbine Technology, Inc.

2. Principal Office Address - No P.O. Box #

1225 Broken Sound Parkway NW

Suite, Apt. #, etc.

Suite D

City & State

Boca Raton, FL

Zip

33487

Country

U.S.A.

3. Mailing Office Address

1225 Broken Sound Parkway NW

Suite, Apt. #, etc.

Suite D

City & State

Boca Raton, FL

Zip

33487

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1978

5. FEI Number
591833712

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

Terrence P. Collins

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

2110 N.E. 42nd Street

Suite, Apt. #, Etc.

Unit 11B

City

Lighthouse Point

State

FL

Zip Code

33064

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Terrence P. Collins

REGISTERED AGENT MUST SIGN

Date **1/14/2010**

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
CD	Simon R. Shane	16 Harbour Road	Warwick, BE
VP	Terrence P. Collins	2110 N.E. 42nd Street, # 11B	Lighthouse Point, FL 33064
S	Christian Fierro	149 Baldwin Blvd.	Greenacres, FL 33463

10. E-mail Address: **tcollins@airturbinetools.com**

(To be used for future annual report notification)

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. I further certify 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:

Terrence P. Collins

Terrence P. Collins

1/14/2010

(561)-994-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #