

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -5 PM 5:05

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

667194

1. Corporation Name

Electro - Air, Inc.

2. Principal Office Address

671 N. Glenn Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

671 N. Glenn Dr

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-18-1980

5. FEI Number

591997236

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02.05

7. Name and Address of Current Registered Agent

Name

Bryan Thomas

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

242 Chase Ave

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9.28.05

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
PD	Kim C. Daniels	671 N. Glenn Dr	Altamonte Springs, FL 32701
S	Mercedes Daniels	671 N. Glenn Dr	Altamonte Springs FL 32701

10. 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]
Kim C. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-05

Daytime Phone #

407-628-4884

407-834-6687

20x2

**ELECTRO-AIR, INC.
KIM C. DANIELS / PRESIDENT
671 N. GLENN DR.
ALTAMONTE SPRINGS, FL. 32701
407-628-4884**

September 28, 2005

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

I am writing this letter to ask you to please waive the reinstatement fee of \$600.00 due to the fact that I did not receive my renewal forms because of a change of address. We moved our business location from 360 Melody Lane, Casselberry, Fl. 32707 in 2002 to 348 Jasmine Rd., Casselberry, Fl. 32707. I did not realize that my corporation had been dissolved until I went to renew my occupational licenses and was notified that I could not renew due to dissolution. I am now operating my business from my home address, which is 671 N. Glenn Dr. Altamonte Springs, Fl. 32701. I have enclosed a check for \$600.00 to renew. Please contact me if this amount will not be acceptable.

Sincerely,



Kim C. Daniels
President