

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		City & State Altamonte Springs, FL	
Zip 32701	Country USA	Zip 32701	Country USA

REINSTATEMENT 02.05

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

7. Name and Address of Current Registered Agent

Name **Bryan Thomas**

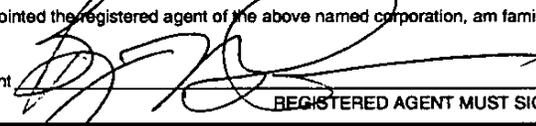
Street Address (P.O. Box Number is Not Acceptable)
242 Chase Ave

Suite, Apt. #, Etc.

City **Winter Park** State **FL** Zip Code **32789**

100060203401
10/04/05--01010--002 **\$600.00

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.

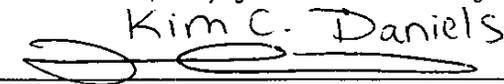
Signature of Registered Agent  Date **9.28.05**

REGISTERED AGENT MUST SIGN

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:  **Kim C. Daniels**

Date **9-28-05** Daytime Phone # **407-628-4884**
407-834-6687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

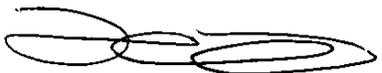
**ELECTRO-AIR, INC.
KIM C. DANIELS / PRESIDENT
671 N. GLENN DR.
ALTAMONTE SPRINGS, FL. 32701
407-628-4884**

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**