PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 2

CORPORATION [redacted] 89-01 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 694498

1. Corporation Name

EDLIN AIR, INC.

W01000003642

2. Principal Office Address	**3.** Mailing Office Address
1300 NE 42 Court	1300 NE 42 Court
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-14-81

5. FEI Number: 59-2176108 ☐ 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: LYNN WUERZ

Street Address (P.O. Box Number is Not Acceptable): 1300 NE 42 Court

Suite, Apt. #, Etc. —

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02/27/01--01150--016
***1757.50 ***1757.50

City: Ft Lauderdale | State: FL | Zip Code: 33334

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: Lynn Wuerz — REGISTERED AGENT MUST SIGN — Date: 2-5-01

CR2E081 (9/00)

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	Ed Wuerz	1300 NE 42 Court	Ft Lauderdale, FL 33334
VD	Ed Wuerz	1300 NE 42 Court	Ft Lauderdale, FL 33334
STD	Lynn Wuerz	1300 NE 42 Court	Ft Lauderdale, FL 33334
		89-01	LS

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: Lynn Wuerz LYNN WUERZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-5-01 Date — (954) 564-2752 Daytime Phone #

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Re-instatement
EDLIN AIR, INC
Doc # 694498
FEI # 59 2176108

P01000012

February 5, 2001

My name is Lynn Wuerz, and along with my husband, Ed Wuerz, own and solely operate Edlin Air, Inc.

According to the enclosed page, which I received while renewing our "workman's comp exempt card", our company was "involuntarily dissolved" in 1989, for non-payment of the annual fees.

During the years from 1989-1995, I took care of my parents, both in poor health—heart disease/stroke and alzheimers—until their deaths in 1994-1995, in addition to running the business and our family. It has been extremely hard for me to "get things together, since my parents deaths.

In order for the corporation to be re-instated, the amount owed is $2283.75, including a $600 penalty fee.

I am writing this letter to ask if you could please consider waiving the $600 penalty fee. Our company is a small business and the penalty would be somewhat of a hardship. We have managed to get together the $1683.75 to bring us up to date, and re-instated.

I would not be making this request if the $600 wasn't such a hardship.

I can promise you I will not forget to pay these dues again.

LS

Thank you very much for your consideration.

Very truly yours,

Lynn Wuerz
Edlin Air, Inc.