PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 NOV 19 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00119

1. Corporation Name

ALTAIR ENVIRONMENTAL GROUP, INC.

Principal Place of Business	Mailing Address
710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146	710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/1980

5. FEI Number: 59-2029147 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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
D	THOMPSON, JUDITH H	210 PINE CONE LN	LONGWOOD FL
PTD	RALPH FOULDS	632 WOODRIDGE DR.	FERN PARK FL
VP	LAYTON, DONALD	108 CENTENNIAL DR	SANFORD FL
VP	MANOGUE, JAMES	7732 LINARIA DR	ORLANDO FL
VPSD	THOMPSON, BRIAN	117 MOCKING BIRD LN	WINTER SPGS FL

11/11/23

8. Name and Address of Current Registered Agent

FOULDS, RALPH H
710 SOUTH MILWEE ST
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (9/98)

200002700792--9
-12/02/98--01088--021
****758.75 ****758.75

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: Ralph H. Foulds SIGNED
REGISTERED AGENT MUST SIGN

Date: 11/12/98

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.

RALPH H. FOULDS - PRESIDENT

SIGNATURE: Ralph H. Foulds SIGNED 11/12/98 4073397134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #