

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *F07952*

1. Corporation Name

*CON-AIR INDUSTRIES, INC.*

800024100438  
10/27/03--01005--022 \*\*150.00

2. Principal Office Address

*3065 PENNINGTON ROAD*  
Suite, Apt. #, etc.

3. Mailing Office Address

*3065 PENNINGTON ROAD*  
Suite, Apt. #, etc.

City & State

*Orlando, Florida*

Zip

*32804*

Country

*USA*

City & State

*Orlando, Florida*

Zip

*32804*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*12-2-81*

5. FEI Number

*59-2032848*

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

*Robert N. Hering, Jr.*

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

*4205 WINDERLAKES DRIVE*

Suite, Apt. #, Etc.

City

*Orlando*

State

*FL*

Zip Code

*32835*

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

*Robert N. Hering Jr.*  
REGISTERED AGENT MUST SIGN

Date *16 Oct 03*

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
DP	<i>Robert N. Hering, Jr.</i>	<i>4205 Winderlakes Drive</i>	<i>Orlando, Fl. 32835</i>
VP	<i>Patricia Hering</i>	<i>4205 Winderlakes Drive</i>	<i>Orlando, Fl. 32835</i>
		<i>JS 10/29</i>	

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:

*Patricia Hering*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-17-03*

Date

*(407) 298-5733*

Daytime Phone #



October 22, 2003

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

To Whom It May Concern:

Con-Air Industries has been in business in the state of Florida for over 20 years and we have paid our Annual Report fee each year. Recently, I was notified that we had not paid the annual fee for this year and discovered that we had never received an Annual Report. I have enclosed a completed reinstatement application that was downloaded from the internet. Also enclosed is check #13977 in the amount of \$150.00 for the 2003 Annual Report fee.

Sincerely,

A handwritten signature in cursive script that reads 'Patricia Hering'.

Pat Hering