

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 16 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DOCUMENT # F89264

1. Corporation Name

Ga-ter Air, Inc

2. Principal Office Address

1933 Lady Bug Lane

3. Mailing Office Address

P.O. Box 3388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand Florida

City & State

DeLand Florida

Zip  
32720

Country  
USA

Zip  
32721

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 1982

5. FEI Number

59-3221409

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  
Gary Osterhout

Street Address (P.O. Box Number is Not Acceptable)  
1933 Lady Bug Lane

Suite, Apt. #, Etc.

City  
DeLand

State  
FL

Zip Code  
32720

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

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
P	Gary R. Osterhout	1933 Lady Bug Lane	DeLand, FL 32720
VP	Susan Osterhout	1933 Lady Bug Lane	DeLand, FL 32720
S	Susan Osterhout	1933 Lady Bug Lane	DeLand, FL 32720

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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 contained in Chapter 119, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-06

Date

386 738 1330

Daytime Phone #

2010/19