F 9 Soviet CO 4088

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

200001563522 -09/17/95--01056--001 *****70.00 *****70.00

W-15-16653

SUBJECT: AIR DIFFICSION PRODUCTS TINC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALICE M. ADAMS
(Name of Person)

AIR DIFFISION PRODUCTS THE
(Firm/Company)

801 PRESSLEY ROAD STE. 10:3
(Address)

CHARLOTTE N.C. 28217
(City, State and Zip Code)

FILED FILED STATE OF STATE OF

Should you need to call someone concerning this matter, please call:

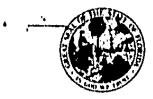
PLICE ADAMS at (704) 5.59 - 5700.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 17, 1995

ALICE M. ADAMS AIR DIFFUSION PRODUCTS INC 801 PRESSLEY RD #103 CHARLOTTE, NC 28217

SUBJECT: AIR DIFFUSION PRODUCTS, INC.

Ref. Number: W95000016653

We have received your document for AIR DIFFUSION PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

if you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 095A00038742

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or word abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural or partnership if not so contained in the name at present.)	8 O	r son
2. (State or country under the faw of which it is incorporated) 3. 56 - 16 59 485 (FEI number, if applicable)	_	_
4.	(Date of Incorporation) 5, PER PETROL (Duration: Year corp. will cease to exist or "perpetua	רו	_
6.	(Date first transacted business in Florida. (See sections 637.1501, 607.1502, and 817.155, F.S.)) -	51 25 25 25 25 25 25 25 25 25 25 25 25 25
7.	801 PRESSLEY RD , STE 103	;	
	(Current mailing address)	J.	
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	ب <u>ع</u>	- (1 (2) -38
9,	Name and street address of Florida registered agent: Name:		
	Office Address: 4045 PINES INDUSTRIAL AVENUE ROCKLEDGE, Florida, 32955 (Zip Code)		_

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Domenich Fuered
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) Α. Chairman: _ Address: Vice Chairman: Address: __ Director: _____ Address: _____ Director: _____ Address: B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: DONALD L. HUDSON RIVER FALLS RD Address: 76 FL 32931 COCOA BENEIL Vice President: Dom NICK PRISCO 3152 MORRIS MANOR Address: _ MERIT ISLAND FL 32952 Alice m. ADAMS Secretary: 3440 FAIRHAVED RD Address: se 29732 ROCK HILL TIMOTHY S. HUDSON Treasurer: RD FAILS Address: COCOA BEACH, FL 3293)
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ALICE M. ADAMS CORP SEC.
(Typed or printed name and capacity of person signing application)



Department of The Secretary of State

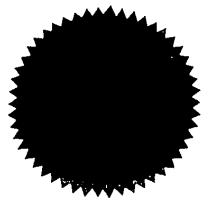
CERTIFICATE OF REINSTATEMENT

WHEREAS, AIR DIFFUSION PRODUCTS, INC. (herein the "Corporation") was administratively dissolved pursuant to N.C.G.S. §55-14-21, effective as of the 28th day of October, 1994, for failure to file Annual Reports due under Chapter 55 of the North Carolina General Statutes within 60 days after they were due; and

WHEREAS, the Corporation has filed an Application for Reinstatement following Administration Dissolution, dated August 11, 1995, stating that the grounds for such administrative dissolution either did not exist or have been eliminated; and

WHEREAS, the Secretary of State has determined that the Application for Reinstatement filed by the corporation contains the information required by N.C.G.S. §55-14-22(a) and that such information is correct; therefore

IT IS HEREBY ORDERED that the Certificate of Dissolution issued to the Corporation on the 28th day of October, 1994 is hereby canceled, and that the Corporation is reinstated pursuant to N.C.G.S.§55-14-22 feffective as of the 28th day of October, 1994.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of August, 1995.

Refue 1. Elmiten

Secretary of State