

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 3:23

DOCUMENT # F95000004088

1. Corporation Name

Air Diffusion Products, Inc.

2. Principal Office Address

4045 Pines Industrial Ave

3. Mailing Office Address

4045 Pines Industrial Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge FL

City & State

Rockledge FL

Zip

Country

32955 US

Zip

Country

32955 US

4. Date Incorporated or Qualified To Do Business in Florida

8/17/95

5. FEI Number

56-1659485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00-07

7. Name and Address of Current Registered Agent

Name

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

MATTHEW T. BURKE CPA
503 N. ORLANDO AVE., SUITE 106
COCOA BEACH, FL 32931

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Matthew T. Burke CPA

Date

5/18/01

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, D	Hudson, Donald L.	104 Riverside Dr.	Cocoa, FL 32922
V, D	Hudson, Timothy S.	122 Valencia Rd.	Rockledge, FL 32955

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:

Donald L. Hudson
Donald L. Hudson 5/18/01
Signature and Typed or Printed Name of Signing Officer or Director

Date

(321) 631-7211

Daytime Phone #

CR2E081 (8/00)