

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 26 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000003902**

1. Corporation Name

**ALERT AIR SYSTEMS, INC.**

Principal Place of Business

707 BLOOMFIELD AVE  
BLOOMFIELD CT 06002

Mailing Address

707 BLOOMFIELD AVE  
BLOOMFIELD CT 06002

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

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 07/31/1996   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 06-1067123   |  |
|  |  |  |  | Applied For  |  |
|  |  |  |  | Not Applicable   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| Title(s) | 2 | Name of Officers and/or Directors | 3 | Street Address of Each Officer and/or Director | 4 | City / State / Zip      |
|----------|---|-----------------------------------|---|--|---|-------------------------|
| 1        |   | FOX, DUANE A                      |   | 153 KENT DR                                    |   | MANCHESTER CT 06040     |
| S        |   | Lynn, Linda                       |   | 20 Ridgewood Road                              |   | East Hartford, CT 06118 |
| T        |   | Giot, Francis                     |   | 9348 Fillmore Court                            |   | Crown Point, IN 46307   |
| V/S      |   | MCGUIRE, JOHN J                   |   | 561 GURLEYVILLE RD                             |   | STORRS CT 06268         |
| V        |   | MAZZALI, JOHN J                   |   | 386 W MOUNTAIN RD                              |   | W SIMSBURY CT 06092     |
| D/p      |   | Abcouwer, James                   |   | 4804 Lakeridge Court                           |   | Valparaiso, IN 46383    |
| V/D      |   | Eldert, Don                       |   | 8306 Oakwood Avenue                            |   | Munster, IN 46321       |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name **LS**  
Street Address (P.O. Box Number is Not Acceptable)  
**100003120401--8**  
Suite, Apt. #, Etc. **-02/02/00--01037--001**  
**\*\*\*900.00 \*\*\*900.00**  
City State Zip Code  
**FL**

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

*Connie Bryan*  
**CONNIE BRYAN**  
Special Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date **1/26/2000**

11. 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:

*John J. Mazzali*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John J. Mazzali, Vice President**

Date **01/12/00** Daytime Phone # **(860) 243-2707**

CR2ED40 (8/99)