


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 19 PM 4:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002621

1. Corporation Name
INDAIR, INC

2. Principal Office Address 124 FASTENER DRIVE		3. Mailing Office Address PO BOX 10518	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LYNCHBURG, VA		City & State LYNCHBURG, VA	
Zip 24502	Country USA	Zip 24506	Country USA

REINSTATEMENT
CR2E081 (8/05) *04-05*

4. Date Incorporated or Qualified To Do Business in Florida	05/08/1998
5. FEI Number	54-1021145
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

300061086713
11/02/05 01004 011 **900 00

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 Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/19/2005

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
C/D	Jack E. Carter	124 Fastener Drive	Lynchburg, VA 24502
P/D	Jeffrey S. Wolf	124 Fastener Drive	Lynchburg, VA 24502
S/T/D	George F. Raymond	124 Fastener Drive	Lynchburg, VA 24502

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)(l), 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: George F. Raymond **GEORGE F. RAYMOND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/05

Daytime Phone # 434-525-0319