
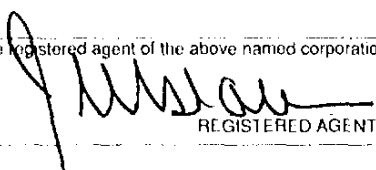
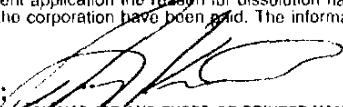


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 98 SEP 14 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # G27898 1. Corporation Name JERRY'S AUTO AIR, INC.		REINSTATEMENT 97-98-7			
Mailing Address 5320 N. PINE HILLS RD. ORLANDO, FL 32808					
Principal Place of Business SAME					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 03/15/1983 5. FEI Number 59-2272477 <div style="float: right; text-align: right;"><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</div> 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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
PD	JOY KRUMWIEDE	1517 ISON LANE	OCOE, FL 34761		
VPD	PATRICIA A. ARDEN	1517 ISON LANE	OCOE, FL 34761		
			800002643638--8 -09/18/98--01078--006 ****900.00 ****900.00		
8. Name and Address of Current Registered Agent GERALD L. BILL 5320 N. PINEHILLS RD. ORLANDO, FL 32808		9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Name J. MICHAEL MALONE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 523 WEST COLONIAL DRIVE Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32804</div>			
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date 9-4-98</div></div> <p style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</p>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joy Krumwiede</div><div style="text-align: right;">Date 9-4-98 Daytime Phone # (407) 298-5464</div></div>					