

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G84420

1. Corporation Name

AIRSCAN, INC.

2. Principal Office Address

3505 MURRELL ROAD

Suite, Apt. #, etc.

City & State

ROCKLEDGE

Zip

32955

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1984

5. FEI Number

59-2391830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

JOHN W. MANSUR

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

4195 SPARROW HAWK DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	JOHN W. MANSUR	4195 SPARROW HAWK DRIVE	MELBOURNE FL 32935
P	WALTER F. HOLLOWAY	3993 N. INDIAN RIVER DRIVE	COCOA FL 32926

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-631-0005

Date

Daytime Phone #

CR2E081 (10/02)

2/10/7



AIRBORNE SURVEILLANCE AND SECURITY OPERATIONS

October 2, 2003

DEPARTMENT OF STATE
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: AIRSCAN, INC.
Document No. G84420

Gentlemen:

Enclosed please find the Corporation Reinstatement Form for AirScan, Inc., a Florida corporation dissolved on September 19, 2003 for failure to file a 2003 Uniform Business Report, along with our filing fee check for \$150.00.

Please be advised that we did not receive the 2003 Uniform Business Report from the Secretary of State, and therefore would respectfully request that the penalty fee be waived for this corporation.

Thank you very much for your attention to this matter. If you have any questions or need any further information or documentation, please do not hesitate to contact us.

Sincerely,

AIRSCAN, INC.



John W. Mansur, CEO

JWM/
Enclosures