

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAR 28 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

H 65578

1. Corporation Name

DO ALL AIR, INC.

2. Principal Office Address

1343 S KILLIAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 12011

Suite, Apt. #, etc.

City & State

LAKE PARK FL

City & State

LAKE PARK FL

Zip

33403

Country

Zip

33403

Country

4. Date Incorporated or Qualified
--To Do Business in Florida

10/01/85

5. FEI Number

59-2604223

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER MACRY

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

1343 S KILLIAN DRIVE

Suite, Apt. #, Etc.

City

LAKE PARK

State
FL

Zip Code

33403

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

Date 3/20/01

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	CHRISTOPHER MACRY	711 MCINTOSH ST	WEST PALM BEACH FL 33405
VP	WILLIAM G GREEN	1343 S KILLIAN DRIVE	LAKE PARK FL 33403
VP	MELISSA D GOSSELIN	5476 SE 52ND AVENUE	STUART FL 34997

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:

CHRISTOPHER J MACRY

3/20/01 561-833-7724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)