PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION Q FOR Q \ REINSTATEMENT	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	JMENT	#
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H72744

1. Corporation Name

ABSOLUTE AIR, INC.

Principal Place of Business

Mailing Address

1852 MINIVERSITY PARKWAY

1852 UNIVERSITY PARKWAY

FILED 98 MAY -4 AM 10: 09 SLUNE LANY OF STATE TALLAHASSEE, FLORIDA



SARASOTA FL 34243 SARASOTA FL 34243								
M abaua		t. lanarrant is	of a way of the same of a management	noncodion balance	 			
	addresses are incorrect in any way, line thro incipal Office Address, If Applicable		ng Office Address, If		4. Date Incom	porated or Qualified		
600 Suite, Apt.	3 3157 ST E	Suite, Apt. #,	BOX	4036	To Do Busi	porated or Qualified ness in Florida	8/23/1985	
ouile, Api.	#, 6 tc.	Suite, Apr. #,	eic.		5. FEI Numbe		Applied For	
City & Stat		City & State	15014	FL		59-2563444	Not Applicable	
21p 3 4	203 U.S	3 42	Country 30	ry_	6. CERTIFICAT	E OF STATUS DESIRED 🗹 SE	.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2	Name of Officers Street Address of Each			ř	City / State / Zip		
-V.P.	-EFTYMMADES, BILLY		-4121 PRAIRIE VIEW DR N. 7 174/15/1725 1 6257 2 -05/07/9801126018			32572		
<u>-</u>	-000PER, RICHARD	-1516-01ST-CT-NW-				BRADENWONFILE. 75	****908.75	
P,D	DRYMON, ARMISTICE	H.	6003 31:	ST ST E	,	BRACENTIN	FL 34203	
ST.D BANNON, GREGORY J 4329 PASADENA C					'67	SARASOTA	FL 34233	
							0980 va	
					REINS	STATEMEN	17 E94/10	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name			Agent					
-000	ED DIGUADO			GRE	GORY J BANNON			
			Street Address (F	P.O. Box Number is Not Acceptable)				
	ENTON FL 34209			Suite, Apt. #, Etc		67 17		
6003 3/3 5/ E					e Zip Code			
				BRAD	ENTO	W Fi	34203	
Signature of	g appointed the registered agent of the about	ve named corpo	oralion, am familiar w	ith and accept the o	bligations of Sect	11/2	2/02	
Registered	Agont Z. JUZZJE	STERE D AG	ENT MUST SIGN			Date	9/10	
11. This corporation ewes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)								
12. 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 filling 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: MANY TO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								