

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 97 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FORMED AND FILED

1997 DEC -5 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # July 098

1. Corporation Name
ALTAIR, INC.

Principal Place of Business
CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

Mailing Address
~~10477 E. WOOD DR.~~
FRANKLIN CO. ARIZ
R.D. 2, Box 279
SWANTON, VT 05488

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable

10477 E. WOOD DR
Suite, Apt. #, etc.
City & State
SCOTTSDALE, AZ
Zip Country
85260 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
62-1517867

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
DP	ROULEAU, PIERRE	10477 E. WOOD DR.	SCOTTSDALE, AZ 85260

000002288966-8
-12/11/97-01008-002
***750.00 ***750.00

REINSTATEMENT

07/10/97
12/15/97

8. Name and Address of Current Registered Agent

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of Registered Agent
Maureen H. Cullen
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 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)(f), 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: Pierre Rouleau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-97 (602)348-6324
Date Daytime Phone #

CR2000 (12/96)