

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09615

1. Corporation Name

American Air Mechanical Inc

2. Principal Office Address

7440 SW 134 ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

3. Mailing Office Address

7440 SW 134 ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

REINSTATEMENT 96-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1987

5. FEI Number

65-0026525

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

Stuart S Johnson

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

7440 SW 134 ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

100003230121-9

05/01/00-01003-013

***1350.00 ***1350.00

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

[Signature]

Date 4/3/2000

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

D

Stuart S Johnson

7440 SW 134 ct

Miami FL 33183

D

Donald S Johnson

83 NE 103 st

Miami FL 33168

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/2000

Daytime Phone #

305 382 8362

CR2E081 (9/99)