

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 15 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K09615**

1. Corporation Name

American Air Mechanical Inc.

2. Principal Office Address

7440 SW 134ct

Suite, Apt. #, etc.

3. Mailing Office Address

7440 SW 134ct

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33183

Country

Dade

Zip

33183

Country

Dade

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-88

5. FEI Number

650026525

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 J JOHNSON

100005610741-9

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

7440 SW 134ct

-05/27/02-01001-016

*****1650.00 ***1650.00**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

5/14/02

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	Stuart J Johnson	7440 SW 134ct	Miami, FL 33183

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)(l), 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] **Stuart Johnson**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02 (305) 382 8362

Date

Daytime Phone #

CR2E081 (9/01)