

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K16086

1. Corporation Name

AIR SPECTRUM III, INC.

Principal Place of Business

Mailing Address

~~1461 BANKS RD~~ 1457 BANKS ROAD  
MARGATE FL 33065 MARGATE, FL  
US 33063 -US



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State  
MARGATE FL

City & State  
MARGATE, FL

Zip 33063 Country USA

Zip 33093-4005 Country USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SINCLAIR, DOUGLAS B.	<del>1461 BANKS RD.</del> 1457 BANKS ROAD	MARGATE FL 33063

800021350958  
07/07/03--01050--010 \*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LITTLE, BRUCE H., P.A.  
2010 N. ANDREWS AVE.  
FT LAUDERDALE FL 33311

Name

DOUGLAS SINCLAIR

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

~~1461 BANKS RD.~~ 1457 BANKS ROAD

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Douglas B. Sinclair*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

02/15/03

11. 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 of Douglas B. Sinclair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/15/03

Daytime Phone #

954-  
954-7209

CR2E040 (8/02)