

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

03 JAN 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000002017**

1. Corporation Name

Airport Service Systems

2. Principal Office Address

1725 KERSLEY CIRCLE

Suite, Apt. #, etc.

City & State

HEATHROW, FLA

Zip

32746

Country

USA

3. Mailing Office Address

1725 KERSLEY CIRCLE

Suite, Apt. #, etc.

City & State

HEATHROW FLA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/2000

5. FEI Number

593623142

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

CAROL SIMMONS

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

1725 KERSLEY CIRCLE

Suite, Apt. #, Etc.

City

HEATHROW

State

FL

Zip Code

32746

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

Carol Simmons

REGISTERED AGENT MUST SIGN

Date

1/3/03

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
PRES	CAROL SIMMONS	1725 KERSLEY CIRCLE	HEATHROW, FLA. 32746
V-P	TIMOTHY SIMMONS	1725 KERSLEY CIRCLE	HEATHROW, FL 32746

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:

Carol Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/03

Daytime Phone #

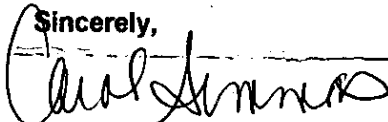
407 942-0164

CR2E081 (10/02)

To whom it may concern:

My corporation was dissolved due to the non-filing of a 2002 business report. I never received this paperwork in the mail, due to the fact that the place of business has changed address. I have filled out the form for reinstatement with the new address. Please reinstate my corporation to active status and contact me at 407-942-0164 with any questions. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carol Simmons", written over a horizontal dashed line.

Carol Simmons