PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053425

800039239788
07/16/04--01021--008 **300.00

REINSTATEMENT 02-04

1. Corporation Name
AIRJILL, INC.

840 US Highway One
840,US Highway One

2. Principal Office Address	3. Mailing Office Address
840 US Highway One	840 US Highway One
Suite, Apt. #, etc.: 435	Suite, Apt. #, etc.: 435
City & State: North Palm Beach	City & State: North Palm Beach
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 05/24/2000

5. FEI Number 65-1009626 ☐ 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
Paul S. Cowan

Street Address (P.O. Box Number is Not Acceptable)
840 US Highway One

800039239788
09/05/04--01036--002 **150.00

Suite, Apt. #, Etc.
435

City: North Palm Beach | State: FL | Zip Code: 33408

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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.	Paul S. Cowan	840 US Highway One, Suite 435	North Palm Beach,FL 33408
SEC.	Dennis Ogden	840 US Highway One, Suite 435	North Palm Beach, FL 33408

8/8/12

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: Paul S. Cowan 7/13/2004 561-604-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AIRJILL, INC.

840 U.S. Highway One
Suite 435
North Palm Beach, Florid 33408
561-624-4855 Fax 561-687-7285
Established 1973
EMAIL: paulscowan@cs.com

To: Department of State/Division of Corporations

From: AIRJILL, INC./Paul S. Cowan Pres.

Re: Corporation Reinstatement

Please reinstate AIRJILL, INC. corporate status as we didn't receive the corporate filing forms in the mail and it was brought to our attention by the bank that handles our account for this company. Please find enclosed a check for $300.00 for the reinstatement.

Thanking you in advance for your help in this matter.

AIRJILL, INC./Paul S. Cowan