

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 17 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7000000085162

1. Corporation Name

InterAir Solutions, INC.

2. Principal Office Address

12134 SW 117 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

12134 SW 117 Ct.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami FL

Zip

33186

Country

Dade

Zip

33186

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3672180

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

Ingimar O. Petursson

900005763468-4
06/12/02 01056-008

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

12134 SW 117 Ct.

***300.00 *** 300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Ingimar O. Petursson

Date 05.16.02

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	Ingimar O. Petursson	11041 SW 137 Ct.	Miami FL 33186
		201.25-AR	
		10.00-ARACT	
		88.75-ARSupp	

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: Ingimar O. Petursson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/02

Daytime Phone #

305-2353711

CR2001 (9/01)



May 16, 2002

Secretary of State
Division of Corporations
PO BOX 6327
Tallahassee Florida 32314

TO WHOM THIS CONCERNS

I just discovered that my company had been dissolved which came as a tremendous shock to me as we are a going concern. In December of 2000 I moved the company from 199 A1A Satellite Beach 32937 to 12134 SW 137 Ct. Miami FL 33186 and have not received any forms from the Department of State. After talking to its offices today it was recommended that I write this letter.

I kindly request that my company InterAir Solutions, Inc. be reinstated and the \$600 penalty be waived. I include a penalty fee for 2000 and 2001 in the amount of \$300 as instructed.

I appreciate your assistance in this matter as the company has entered into agreements as InterAir Solutions, INC., which could be in jeopardy if not reinstated.

A handwritten signature in black ink, appearing to read 'Ingimar O. Petursson', is written over a circular stamp or seal.

Ingimar O. Petursson
President
InterAir Solutions, Inc.