


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000085162		
1. Entity Name INTERAIR SOLUTIONS, INC.		

FILED

04 OCT 28 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14360 SW 139 CT MIAMI, FL 33186	Mailing Address 12134 SW 117 CT. MIAMI, FL 33186
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2. Principal Place of Business 14360 S.W. 139TH COURT	3. Mailing Address 14360 S.W. 139TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10192004 REIN-P CR2E098 (6/04)

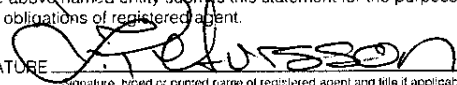
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186	Country DADE
Zip 33186	Country DADE

4. FEI Number 59-3672180	Applied For Not Applicable
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5. Certificate of Status Desired KX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PETURSSON, INGIMAR 12134 SW 117 CT MIAMI, FL 33186	
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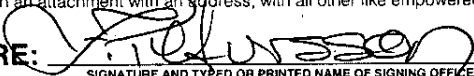
7. Name and Address of New Registered Agent Name INGIMAR PETURSSON Street Address (P.O. Box Number is Not Acceptable) 12400 S.W. 99 ST City MIAMI FL Zip/Code 33186	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/25/2004

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETURSSON, INGIMAR 11044 SW 137 CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042285835 10/28/04--01050--001 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 10/25/2004 305 235-3771