

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 900000088346

1. Corporation Name

Air Pluto mechanical contractor
INC.

2. Principal Office Address - No P.O. Box #

11750 SW 95 AVE

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

33176

Country

DADE

3. Mailing Office Address

11750 SW 95 AVE

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

33176

Country

DADE

REINSTATEMENT 08-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/2000

5. FEI Number

65-1041527

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

Giron Jorge

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

11750 SW 95 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/14/10

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
	PD Giron Jorge 11750 SW 95 AVE Miami FL		300176685153 04/20/10--01043--010 **450.00
	NP, DE 11750 SW 95 AVE NOVIA L. Giron Miami FL 33176	<u>4/30</u>	
			300176685153 04/30/10--01007--015 **600.00

10. E-mail Address: GironArredondo@aol.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/14/10

Date

Daytime Phone # 3185-3018