

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 JUN 18 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000047476

1. Corporation Name
AIR LION, INC

2609 OLD CHURCH PLACE

2. Principal Office Address
2609 OLD CHURCH PLACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELAND FLORIDA

City & State

Zip
32720

Country
VOLUSIA

Zip

Country

400038077794
06/18/04--01007--019 **300.00

REINSTATEMENT

03-04
To Do Business in Florida OCT.25,2001

5. FEI Number
59-3738488

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
COMPUTAX SERVICE INC

Street Address (P.O. Box Number is Not Acceptable)
25 OLD KINGS RD N

Suite, Apt. #, Etc.
8C

City
PALM COAST

State
FL

Zip Code
32137

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 06.10.2004

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
PRD	VASYL LEVCHENKO	2609 OLD CHURCH PL	DELAND, FL 32720

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/10/04

Daytime Phone #

CR2E081 (01/04)

6

2082

June 27, 2003

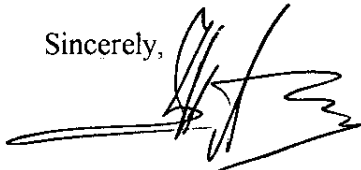
To:
Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

From:
Air Lion, Inc
2609 Old Church Pl
Deland, FL 32720
P01000047476

To whom it may concern:

Please be advised that we did not receive Uniform Business Report Form for 2002 and sent form from another corporation, just changed the information. This was the problem, our report was not found and fee for \$150.00 was missing. In this year we sent again not correct form because we did not receive Blank for the 2003-year. Your office returned us the return with the check. We called to your office and Mrs. Eula kindly explained us the problem. Now we are sending again this Return for 2003 year (check attached). Please accept our apologies and make adjustments in our record. Sorry for our mistakes. Appreciate your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vasil Levchenko', with a horizontal line drawn underneath it.

Vasil Levchenko
President