

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048023

1. Corporation Name

AIR SUPERIORITY, INC.

REINSTATEMENT

03-04

800026602418

01/09/04--01038--012 **300.00

2. Principal Office Address

603 S.W. 77th Way

3. Mailing Office Address

603 S.W. 77th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

City & State

Pembroke Pines, Fl.

Zip

33023

Country

USA

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/01

5. FEI Number

65-1125320

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

MICHAEL A. FISCHLER, ESQ.

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

116 S.E. 6th Court

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State
FL

Zip Code
33301

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

MICHAEL A. FISCHLER, ESQ. REGISTERED AGENT MUST SIGN

Date Jan. 7, 2004

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
DVP TS	WILLIAM R. VRASTIL	1875 N.W. 141st Avenue	Pembroke Pines, Fl. 33028
DP	TERRI VRASTIL	1875 N.W. 141st Avenue	Pembroke Pines, Fl. 33028

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: William R. Vrastil WILLIAM R. VRASTIL, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

Date

(954) 441-5810

Daytime Phone #

CR2E081 (10/02)