

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
UWR
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P01000059722

1. Corporation Name
AUTO AIR, INC.

Principal Place of Business Mailing Address
4951 BLOUNSTOWN HWY. 4951 BLOUNSTOWN HWY.
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/15/2001
5. FEI Number 59-3738371 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
02 NOV 18 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	COATS, STACEY	4951 BLOUNSTOWN HWY.	TALLAHASSEE FL 32304
V	COATS, JONATHAN W	4951 BLOUNSTOWN HWY.	TALLAHASSEE FL 32304

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11/18/02--01052--014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COATS, J.D. JR 4951 BLOUNSTOWN HWY. TALLAHASSEE FL 32304	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 10/28/2002

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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/28/2002 Daytime Phone # 876-7000

CPRE040 (8/02)

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I have not previously received any forms
to be filed. Please accept this as my
application for renewal.

Thanks
J. Phillips
Auto Air Inc.