

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

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

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/15/2001	
City & State		City & State		5. FEI Number	
Zip		Country		59-3738371	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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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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 FL Zip Code

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]* **SIGNATURE REQUIRED** 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 REQUIRED**
 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.