

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108504

1. Corporation Name

AIR SENSATION INC

Principal Place of Business

1020 BALTIMORE DRIVE
ORLANDO FL 32810

Mailing Address

1020 BALTIMORE DRIVE
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2001

5. FEI Number

22-3833689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| P | PETERSEN, KEVIN C SR | 1020 BALTIMORE DRIVE | ORLANDO FL 32810 |
| | | | 900008729469 10/31/02--01067--011 **150.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

PETERSEN, KEVIN C SR
1020 BALTIMORE DRIVE
ORLANDO FL 32810

9. Name and Address of New Registered Agent

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

Kevin C Petersen
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.22.02

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:

Kevin C Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.22.02 (407)644-0086

10.22.02

To whom it may Concern;

My name is Kevin C. Petersen, President of Air Sensation Inc. When I got this letter from your office about our corporation I called your office and explained to them that we did not get any other letters from your office except this one. I was not aware that I had to pay I fee every year or else I would have called ~~earlier~~ earlier and made the payment. So here is the check for \$150 like the rep from your office told me to send. I assure you that this will not happen again.

Thank You
Kevin C. Petersen
Air Sensation Inc

If you have any Questions You
can call me at (407) 644-0086
or (321) 689-6102