

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -7 PM 2:29

DOCUMENT # P02000008291

**1. Corporation Name**

Proventus Air, Inc.

**2. Principal Office Address**

400 S. Dixie Highway

Suite, Apt. #, etc.

121

City & State

Boca Raton, FL.

Zip

33432

Country

Broward

**3. Mailing Office Address**

400 S. Dixie Highway

Suite, Apt. #, etc.

121

City & State

Boca Raton FL.

Zip

33432

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/24/2002

**5. FEI Number**

90-0013056

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-05**

**7. Name and Address of Current Registered Agent**

Name

Patrick Vivies

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

700 E. Dania Beach Blvd #202

Suite, Apt. #, Etc.

City

Dania

State

FL

Zip Code

33004

**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 08/11/05

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
DPST	Jostein Eikeland	400 S. Dixie Highway #121	Boca Raton, FL 33432

500058539915  
08/15/05--01073--001 \*\*1050.00

**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

CLAUDE LETOURNEAU 08/11/05 620-0063 (S61)

Date

Daytime Phone #

CR2E081 (01/05)