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
06 MAR 13 AM 11:00

DOCUMENT # P02000034306

1. Corporation Name

AIRSAFE SOLUTIONS, INC.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
2720 ROSSELLE ST		2720 ROSSELLE ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL	
Zip: 32205	Country: US	Zip: 32205	Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 42-1540421 ☐ 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: STEWART, PAUL

900006793948
03/16/06--01003--014 **600.00

Street Address (P.O. Box Number is Not Acceptable): RT 2 BOX 988

Suite, Apt. #, Etc.

City: SANDERSON State: FL Zip Code: 32087

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: [signature] REGISTERED AGENT MUST SIGN Date: 02-16-06

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
D	STEWART, PAUL	RT 2 BOX 988	SANDERSON, FL 32087
D	STEWART, MARK	2720 ROSSELLE ST	JACKSONVILLE, FL 32205

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 contained in Chapter 119, 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: 02-16-06

Daytime Phone #: 904 387 9399

DATE: 02-16-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: AIRSAFE SOLUTIONS, INC.
MARK STEWART

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR 2003, 2004, 2005. PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 904 387 9399.

THANKS,

AIRSAFE SOLUTIONS, INC.
MARK STEWART