PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUN 28 PM 4:40

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06/28/10--01048--009 **1050.00

CR2E081 (6/10)

DOCUMENT # P02000053392

1. Corporation Name
NEVADA AIR SUPPLIES, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14201 W. SUNRISE BLVD.		14201 W. SUNRISE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 208E		SUITE 208E	
City & State		City & State	
SUNRISE		SUNRISE	
Zip	Country	Zip	Country
33323	USA	33323	USA

4. Date Incorporated or Qualified To Do Business in Florida: 05.15.2002

5. FEI Number: 02-0611802 ☐ 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: ANTONIO FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 1089 ALLAMANDA WAY

Suite, Apt. #, Etc.:

City	State	Zip Code
WESTON	FL	33327

REINSTATEMENT DB-1D

6/29 aw

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: 06.23.2010

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
PRESIDENT	ANTONIO FERNANDEZ	1089 ALLAMANDA WAY	WESTON FL. 33327
VICE-PRESIDENT	JAMIS TEJERA	1089 ALLAMANDA WAY	WESTON FL. 33327

10. **E-mail Address:** INFO@NEVADAAIR.FDN.COM
(To be used for future annual report notification)

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. I further certify, 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: _____ 06.23.2010 954.3180857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #