

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000054185

Entity Name: NATURAL AIR SYSTEMS INC.

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

3524 TWISTED OAK CT  
LAKE WALES, FL 33859

## **New Principal Place of Business:**

## **Current Mailing Address:**

3524 TWISTED OAK CT  
LAKE WALES, FL 33859

## **New Mailing Address:**

FEI Number: 56-2403915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CARSON, WILLIAM  
3524 TWISTED OAK CT  
LAKE WALES, FL 33859 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM CARSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: CARSON, JONATHAN  
Address: 234 ACIRCIA WALK  
City-St-Zip: LAKE WALES, FL 33898

Title: DST ( ) Delete  
Name: CARSON, SYLVIA  
Address: 3524 TWISTER OAK CT  
City-St-Zip: LAKE WALES, FL 33898

Title: DP ( ) Delete  
Name: CARSON, WILLIAM  
Address: 3524 TWISTED OAK CT  
City-St-Zip: LAKE WALES, FL 33898

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR (X) Change ( ) Addition  
Name: CARSON, JONATHAN VP  
Address: 234 ACIRCIA WALK  
City-St-Zip: LAKE WALES, FL 33898

Title: MRS (X) Change ( ) Addition  
Name: CARSON, SYLVIA SEC  
Address: 3524 TWISTER OAK CT  
City-St-Zip: LAKE WALES, FL 33898

Title: MR (X) Change ( ) Addition  
Name: CARSON, WILLIAM S PRES  
Address: 3524 TWISTED OAK CT  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CARSON

Electronic Signature of Signing Officer or Director

PRES

10/29/2008

Date