

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096668

1. Corporation Name

FRESH AIR TRANSPORTATION SERVICES
& GREEN FIELDS, Corporation

2. Principal Office Address - No P.O. Box #

8506 DOT LANE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 22551

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

USA

Zip

32830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-6-2002

5. FET Number

05-0529669

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

FATIMA B. RAHMAN

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

8506 DOT LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

10/04/12 80003 012 \$735.00
03/08/13 80027 006 \$150.00

700249289327
06/27/13--01003--003 **165.00

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

Fatima Rahman

REGISTERED AGENT MUST SIGN

Date 06/14/2013

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
PD	FATIMA B. RAHMAN	8506 DOT LANE	ORLANDO, FL 32809
STD	MD BAZLUR RAHMAN	8506 DOT LANE	ORLANDO, FL 32809

10. E-mail Address: FRESHAIR321@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Fatima Rahman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/2013

Date

Daytime Phone #