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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P03000037703
AIR-TEK OF CENTRAL FLORIDA INC.

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

14973 OGDEN LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 971

Suite, Apt. #, etc.

City & State

ODESSA, FL.

Zip

33556

Country

PASCO

City & State

ODESSA, FL.

Zip

33556

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/2003

5. FEI Number

593479852

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

ROBERT W. HILL

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

14973 OGDEN LOOP

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Hill

REGISTERED AGENT MUST SIGN

Date 6/6/07

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
P	ROBERT W. HILL	14973 OGDEN LOOP	ODESSA, FL 33556

REINSTATEMENT

06/18/07--01091--001 **300.00
600104522526

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:

Robert Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/07 407-415-1434

Daytime Phone #

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Air-Tek

Paint Booth Repair/ Environmental Filter Service

P.O. Box 971
Odessa, FL 33556

Ph. (407) 415-1434
Fax (813) 926-5688

May 15, 2007

Florida Department of State
Corporation Reinstatement
Tallahassee Florida

Attention: Division of Corporations

On August 19, 2005 a rejection letter was sent out to the wrong address. I have 150.00 on file. I was told to send in 300.00 for 2006 & 2007 reinstatement and the state would wave the penalty fee of 600.00.

Sincerely,
Air-Tek of Central Florida Inc.



Robert Hill