

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 3:08

DOCUMENT # **P04000022335**

1. Corporation Name

Air Mike A/C, Inc

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

14050 NW 22 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1800 NE 197th Terr

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Miami, FL

Zip

33054

Country

Zip

33179

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2004

5. FEI Number
65-1145256

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

Mike Lopez

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

1800 NE 197th Terr

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33179

☒ 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

REGISTERED AGENT MUST SIGN

Date **01/19/2010**

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	Mike Lopez	1800 NE 197th Terr	Miami / FL / 33179

10. E-mail Address: **mike@airmike.net**

(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 the suspension 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2010 305-970-5833

Date

Daytime Phone #