2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC 19 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2006
12082006 4 REIN-P CR2E098 (11/05)

DOCUMENT # P04000157724

1. Entity Name
AIR CERTIFIED SERVICES, INC.

Principal Place of Business	Mailing Address
212 LAKE HOBBS ROAD LUTZ, FL 33548	212 LAKE HOBBS ROAD LUTZ, FL 33548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARROLL, JEFFREY R 212 LAKE HOBBS ROAD LUTZ, FL 33548	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CARROLL, JEFFREY R 212 LAKE HOBBS ROAD LUTZ, FL 33548 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000082622550 12/19/06--01011--002 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey R Carroll 12-14-06 813-892-7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

www.medquist.com MedQuist™ 1.800.233.3030

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TINA:

I'M WRITING TO ASK YOU TO PLEASE WAIVE THE 600$ REINSTATEMENT FEE. THE MAIL IS REGULARLY PUT IN OTHER MAIL BOXES - SO I NEVER RECEIVED A NOTICE.

THANK YOU
JEFF CARROLL

P.S PLEASE SEND ME A RECEIPT..

AIRCERTIFIED@VERIZON.NET
Air Certified Services, Inc.
212 Lake Hobbs Road
Lutz. FL 33548

Thank-