

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 30 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000054163

1. Corporation Name

U.S. AIRE, CORP.

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

4992 SW 95TH AVE

Suite, Apt. #, etc.

City & State

COOPER CITY FL

Zip

33328

Country

3. Mailing Office Address

4992 SW 95TH AVE

Suite, Apt. #, etc.

City & State

COOPER CITY FL

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/12/2005

5. FEI Number
202664898

☐ 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

PATRICK KELLY

Street Address (P.O. Box Number is Not Acceptable)
4992 SW 95TH AVE

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33328

☒ 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**

Patrick Kelly

REGISTERED AGENT MUST SIGN

Date 10-29-2009

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	PATRICK KELLY	4992 SW 95TH AVE	COOPER CITY FL 33328

500162346635
10/30/09--01/01/10--006 **300.00

10/30

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:

Patrick Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2009

Date

Daytime Phone #