

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG -3 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000118161

1. Corporation Name

AIRFIELD PRODUCTS, INC.

2. Principal Office Address - No P.O. Box #
15967 TRIPLE CROWN COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33912

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/24/2005

5. FEI Number
20-3357096

☐ 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

MARCUS SPHATT

Street Address (P.O. Box Number is Not Acceptable)
15967 TRIPLE CROWN COURT

Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33912

☒ 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 07/30/2009

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
P	MARCUS SPHATT	15967 TRIPLE CROWN COURT	FORT MYERS, FL 33912

REINSTATEMENT

RH

10. I certify that I am an officer, 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:

MARCUS SPHATT

07/30/2009

954-684-2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #