

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 18 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000131235

1. Corporation Name

O'Brien Custom Air, Inc.

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

4940 Easter Cir

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 940471

Suite, Apt. #, etc.

City & State

Orlando Fl.

City & State

Maitland Fl.

Zip

32808

Country

Orange

Zip

32794

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

10-10-06

5. FEI Number

205799346

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

Donald O'Brien

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

4940 Easter Cir.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

☒ 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.

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11/21/08--01049--012 **300.00

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

Donald O'Brien

REGISTERED AGENT MUST SIGN

Date 11-15-08

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
<u>Pres</u>	<u>Donald O'Brien</u>	<u>4940 Easter Cir</u>	<u>Orlando Fl. 32808</u>

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:

Donald O'Brien Donald O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-08

Daytime Phone #

407

265-9500

REINSTATEMENT

CR2E081 (10/08)