

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 JUL 26 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000053459

1. Corporation Name

AIR TECH SERVICES INC

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

38835 COUNTY RD 54E, UNIT G

3. Mailing Office Address

PO BOX 1120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

Zip

33542

Country

Zip

33539

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

CHARLES B MCLEMORE

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

1224 BOBOLINK STREET

Suite, Apt. #, Etc

City

ZEPHYRHILLS, FL

State

FL

Zip Code

33540

400208208704
05/27/11--01018--022 **1050.00

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

REGISTERED AGENT MUST SIGN

Date **5-23-2011**

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	CHARLES B MCLEMORE	1224 BOBOLINK STREET	ZEPHYRHILLS, FL 33540

REINSTATEMENT 09-11

10. E-mail Address: **COOLNYA@VERIZON.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 dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-2011

Date

813-779-7508

Daytime Phone #