

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000090261

1. Corporation Name

Compressed Air Technical Services, Inc.

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

10224 Estuary Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

US

3. Mailing Office Address

P.O. Box 98514

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33646

Country

US

REINSTATEMENT

CR2E081 (11/10)

09-11

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/2008

5. FEI Number

35-1976436

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

Delmar S. Clark

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

10224 Estuary Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

700212395317

09/21/11--01030--010 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.9503, F.S.

Signature of
Registered Agent

Delmar S. Clark

REGISTERED AGENT MUST SIGN

Date 9/17/2011

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.	Delmar S. Clark	10224 Estuary Drive Tampa	Tampa, FL 33647
V.P.	Phyllis A. Clark	10224 Estuary Drive	Tampa, FL 33647

10. E-mail Address: pa.clark@tampabay,nc.com

(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:

Delmar S. Clark

Phyllis Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/2011

813-523-2280

Date

Daytime Phone #