

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000043705

1. Corporation Name

DYNA-AIR ENGINEERING CORPORATION

Principal Place of Business

6801 NW 17TH AVE  
FORT LAUDERDALE FL 33309

Mailing Address

6801 NW 17TH AVE  
FORT LAUDERDALE FL 33309  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1811 NW 51<sup>ST</sup> STREET

3. New Mailing Office Address, If Applicable

1811 NW 51<sup>ST</sup> STREET

Suite, Apt. #, etc.

HANGAR 42D

Suite, Apt. #, etc.

HANGAR 42D

City & State

FORT LAUDERDALE - FL

City & State

FORT LAUDERDALE - FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1993

5. FEI Number

65-0439921

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>VS</del>	<del>MANCHEC, VERONIQUE</del> DELETED	<del>6801 NW 17TH AVE</del> DELETED	<del>FT. LAUDERDALE FL 33309</del> DELETED
PT/VS	MANCHEC, JOHN M	6801 NW 17TH AVE 1811 NW 51 <sup>ST</sup> STREET	FT. LAUDERDALE FL 33309
			300004638683--2
			-10/17/01--01002--022
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

MANCHEC, JOHN  
6801 NW 17TH AVE  
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name  
MANCHEC, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
1811 NW 51<sup>ST</sup> STREET  
Suite, Apt. #, Etc.  
HANGAR 42D  
City  
FORT LAUDERDALE  
State  
FL  
Zip Code  
33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE OF REGISTERED AGENT  
REGISTERED AGENT MUST SIGN

Date

9-30-01

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-30-01  
954-540-  
7930

CR2E040 (8/00)