

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000078106

1. Corporation Name

AIR INDUSTRIES, INC.

Principal Place of Business

Mailing Address

3050 E. HWY 316  
CITRA FL 32113  
US

P.O. BOX 120  
SPARR FL 32192-0120  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1993

5. FEI Number

59-3222920

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	SANSTROM, FLORENCE	3050 EAST HWY. 316	CITRA FL 32113
V	GRAY, JODI	PO BOX 120 N/A	SPARR FL 32192
CFO	BUTCHER, SALLY L	14557 NE 119 CT	FT MCCOY FL 32134
V	SANSTROM, JUSTIN	PO BOX 120 N/A	SPARR FL 32192

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANSTROM, FLORENCE  
3050 E. HWY. 316  
CITRA FL 32113

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Florence Sanstrom*  
SIGNATURE REQUIRED

Date 12/10/01

REGISTERED AGENT MUST SIGN

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:

*Sally A. Guter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01

Date

(352) 948-9961

Daytime Phone #