

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 27 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045314**

1. Corporation Name

ACCU-AIR TECHNOLOGY, INC.

2. Principal Office Address

2 PRESIDENTIAL LN

Suite, Apt. #, etc.

City & State

PALM COAST, FL.

Zip

32164

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/94

5. FEI Number

59-3279854

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

ROSE O. THOMAS

900010959199

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

2 PRESIDENTIAL LN.

Suite, Apt. #, Etc.

City

PALM COAST

State
FL

Zip Code

32164

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

Rose O. Thomas

Date

1/15/2003

REGISTERED AGENT MUST SIGN

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	KAREN CHIN-SUE	40 So. HIGH ST.	MT. VERNON, N.Y. 10550
V	RALROY CHIN-SUE	40 So. HIGH ST.	MT. VERNON, N.Y. 10550
S/T	ROSE O. THOMAS	2 PRESIDENTIAL LN.	PALM COAST, FL. 32164

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #

CR2E081 (10/02)