

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045314

1. Corporation Name

ACCU-AIR TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

2 PRESIDENTIAL LANE
PALM COAST FL 32137

2 PRESIDENTIAL LANE
PALM COAST FL 32137

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

06/16/1994

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. 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
ST	THOMAS, ROSE O	2 PRESIDENTIAL LANE	PALM COAST FL 32164
P	CHIN-SUE, KAREN	40 SO HIGH STREET	MT VERNON NY 10550
V	CHIN-SUE, RALROY	40 SO HIGH STREET	MT VERNON NY 10550

REINSTATEMENT

8. Name and Address of Current Registered Agent

THOMAS, ROSE O
2 PRESIDENTIAL LANE
PALM COAST FL 32137

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SR Thomas

Date

10/13/03

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:

SR Chin-sue RALROY CHINSUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #



700023882327
10/17/03--01031--023 **150.00

03

FILED
03 OCT 17 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

2

Rose Thomas
2 Presidential lane
Palm Coast, FL 32137

October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
~~P.O. 6327~~
Tallahassee, FL 32314-6327

Re P94000045314

Gentlemen:

I am in receipt of your letter regarding the revocation of the above corporation.

I wish to inform you that I did not receive either the first or second notice for the annual report.

I am not sure what might have transpired with the mail in regard to the above notices.

In light of this problem, I am respectfully asking that the reinstatement fees be waived and the corporation be made active...

I am enclosing the fee of \$150.00 for the year 2003.

I apologize for any inconvenience this may have caused your office.

Sincerely,



Rose Thomas
President Secretary.