

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000054063

1. Corporation Name

ROVAIR ENTERPRISES, INC.

Principal Place of Business

10501 NW 50TH ST. #103
SUNRISE FL 33351
US

Mailing Address

10501 NW 50TH ST. # 103
SUNRISE FL 33351
US

FILED
00 OCT 27 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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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

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1994

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0506778

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	FERGUSON, JERRY	706 S. RIO VISTA DR. 161 NW 130 AVE	FT. LAUDERDALE FL PLANTATION, FL 33325

8. Name and Address of Current Registered Agent

FERGUSON, JERRY L
706 S RIO VISTA DRIVE
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name JERRY L FERGUSON
Street Address (P.O. Box Number is Not Acceptable)
161 NW 130 AVE
Suite, Apt. #, Etc. PLANTATION
City
State FL Zip Code 33325

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]

REGISTERED AGENT MUST SIGN

Date

10/25/2000

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

JERRY FERGUSON PRESIDENT

10/25/2000

Date

Daytime Phone #

954-472-4354 HOME
954-749-7887 OFFICE