PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -6 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # P95000041832

Ultimate Air, Inc.
3653 NW 91ST AVE.
SUNRISE FL 33351

2. If Address in Block 1 is a P.O. Box, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address 300001999913--2
-11/08/96-01019--005

City and State ****375.00 ****375.00

4. Date Incorporated or Qualified To Do Business in Florida: 5-30-95

5. FEI Number: 65-0583116

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.D	MARK FINNK	3653 NW 91ST AVE	SUNRISE FL 33351

REINSTATEMENT 96
11-6-96

8. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State FL Zip

9. Name and Address of Current Registered Agent

RONALD J. WALTERS
8415 W McNAB Rd
TAMARAC FL 33321

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 R J Walters Date 11-4-96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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 the reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 572-6161

Signature of Officer or Director Mark Finnk Date 11-4-96 Daytime Phone # 954-[redacted]

Typed or printed name of signing officer or director MARK FINNK

TOTAL P.02