PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -8 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046260

1. Corporation Name
AIRTOF, INC.

Principal Place of Business
6466 NW 5TH WAY
FT. LAUD. FL. 33309

Mailing Address
6466 NW 5TH WAY
FT. LAUD. FL. 33309

REINSTATEMENT ALP

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
6466 NW 5TH WAY
Suite, Apt. #, etc.
City & State
FT. LAUD. FL
Zip 33309 Country

3. New Mailing Address, If Applicable
6466 NW 5TH WAY
Suite, Apt. #, etc.
City & State
FT. LAUD.
Zip 33309 Country

4. Date Incorporated or Qualified To Do Business in Florida
6-12-95

5. FEI Number
65-0595764
☐ 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)	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
D	JEFF NUDELMAN	6466 NW 5 WAY	FT. LAUD. FL 33309
D	BEN MARTZ	" " " "	" " " "
			700002057407---8
			-01/14/97--01141--001
			****375.00 ****375.00
			JB 1-9-97

8. Name and Address of Current Registered Agent
R. Bowen Gillespie
1515 S. Fed Hwy
Boca Raton FL 33432

9. Name and Address of New Registered Agent
Name: JOHN PASSARIELLO
Street Address (P.O. Box Number is Not Acceptable): 6466 NW 5TH WAY
Suite, Apt. #, Etc.:
City: FT. LAUD. State: FL Zip Code: 33309

CR2E040 (12/95)

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: John Passariello
REGISTERED AGENT MUST SIGN
Date: 12/30/96

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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.

SIGNATURE: Jeff Nudelman JEFF NUDELMAN 12/29/96 954-776-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #