

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  
96 DEC -3 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048754

1. Corporation Name

AIRCARE PRODUCTS & SERVICES, INC.

Principal Place of Business

101 N.E. 3RD RD.  
HOMESTEAD FL 33030

Mailing Address

101 N.E. 3RD RD.  
HOMESTEAD FL 33030



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

REINSTATEMENT *olo*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/22/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0589216

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	VERGUTZ, TOM	101 N.E. 3RD RD.	HOMESTEAD FL 33030
VTD	DIANA, MANUEL A	101 N.E. 3RD RD.	HOMESTEAD FL 33030

900002019449--5  
12/04/96 81864-887  
\*\*\*\*375.00 \*\*\*\*375.00

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: *AmeriLawyer Chartered*  
Street Address (P.O. Box Number is Not Acceptable):  
Suite, Apt. #, Etc.:  
City: State: Zip Code: FL

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-2-96

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 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-96

Date

Daytime Phone #

CREATED (1/96)