

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 26 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000051885

1. Corporation Name

SERVAIR INTERNATIONAL, INC.

Principal Place of Business

4905 WEST PARK ROAD
HOLLYWOOD FL 33021

Mailing Address

4905 WEST PARK ROAD
HOLLYWOOD FL 33021



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

REINSTATEMENT *Reu*

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1995

5. FEI Number

65-1592020

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)

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
PSTD	JUOZAPATIS, JOSEPH	4905 WEST PARK ROAD	HOLLYWOOD FL 33021

400002039654--1
-12/27/96--01079--014
****383.75 ****383.75

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 JOSEPH JUOZAPATIS

Street Address (P.O. Box Number is Not Acceptable)

4905 WEST PARK Rd

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Joseph Juozapatis
REGISTERED AGENT MUST SIGN

REQUIRED

Date OCT 14-96

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:

Joseph Juozapatis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

OCT 14-96

Date

(954) 964-9591

(954) 584-7900

Daytime Phone #