PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1996

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

APPROVED AND FILED

96 DEC 12 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000080842

1 Corporation Name
AEROVEST, INC.

Principal Place of Business
~~96 WILLARD STREET #302~~
~~COCOA FL 32922~~
5505 Main Street
Williamsville, N.Y. 14221

Mailing Address
~~96 WILLARD STREET #302~~
~~COCOA FL 32922~~
5505 Main Street
Williamsville, N.Y. 14221

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

2. New Principal Office Address, If Applicable
5505 Main Street
Suite, Apt #, etc.
City & State
Williamsville, NY
Zip 14221 Country

3. New Mailing Office Address, If Applicable
5505 Main Street
Suite, Apt. #, etc.
City & State
Williamsville, NY
Zip 14221 Country

4. Date Incorporated or Qualified To Do Business In Florida 10/16/1995

5. FEI Number 59-3405671 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~AMARI, RICHARD S~~	~~96 WILLARD STREET #302~~	~~COCOA FL 32922~~
P,S,T D	Zaepfel, James	5505 Main Street	Williamsville, N.Y. 14221
VP,T D	Eckler, Ralph	5200 S. Washington Ave	Titusville, Fl. 32980
			600002035546--1
			~~-12/20/96--01108--003~~
			****175.00 ****175.00
			REINSTATEMENT 1996

8. Name and Address of Current Registered Agent
AMARI, RICHARD S
96 WILLARD STREET #302
COCOA FL 32922

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 600002035546--1
Suite, Apt. #, Etc. ~~-12/20/96--01108--003~~
****200.00 ****200.00
City State FL Zip Code

CR2E040 (7/96)

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 _____ Date 10/1/96
REGISTERED AGENT MUST SIGN

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: _____ James A. Zaepfel 11/1/96 (716)632-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0015750 AF