

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P95000092944.

1. Corporation Name

INTERNAL AIR SYSTEMS INC.

00 NOV 15 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9806 NW 80TH AVE
12H
HIALEAH GARDENS FL 33016
US

Mailing Address

P.O. BOX 172836
MIAMI LAKES FL 33017



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

2. New Principal Office Address, If Applicable

2535 W. 67th PL.

Suite, Apt. #, etc.

#21

City & State

Hialeah, FL

Zip

33016

Country

U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1995

5. FEI Number

65-0622996

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-----------------------|
| 1 | 2 | 3 | 4 |
| D | TORRES, HARRY | 2535 W. 67TH PLACE SUITE 21 | HIALEAH FL 33016 |
| | | | |
| | | | 400003496294--D |
| | | | -12/12/00--01012--014 |
| | | | ****758.75 ****758.75 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

2088

8. Name and Address of Current Registered Agent

TORRES, HARRY
2535 WEST 67TH PLACE
SUITE 21
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/00

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

11/6/00

Date

(786)236-0521

Daytime Phone #