

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 JUL 18 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000001995

**1. Corporation Name**

Arctic Air of Northeast Florida, Inc.

**2. Principal Office Address**

2727 Clydo Road

Suite, Apt. #, etc.  
Suite 13

**City & State**

Jacksonville, FL

Zip  
32207

Country  
USA

**3. Mailing Office Address**

2727 Clydo Road

Suite, Apt. #, etc.  
Suite 13

**City & State**

Jacksonville, FL

Zip  
32207

Country  
USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1/5/96

**5. FEI Number**  
59-3359065

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Charlton L. Parks

Street Address (P.O. Box Number is Not Acceptable)  
2727 Clydo Road

Suite, Apt. #, Etc.  
Suite 13

City  
Jacksonville

State  
FL

Zip Code  
32207

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Charlton L. Parks*

REGISTERED AGENT MUST SIGN

Date

7-14-06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Charlton L. Parks	3708 Buckskin Trail W	Jacksonville, FL 32277
STD	Cheryl R. Parks	3708 Buckskin Trail W	Jacksonville, FL 32277

100078067821  
07/27/06--01050--001 \*\*1658.75

~~REINSTATEMENT~~ 00-04

**10. 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 contained in Chapter 119, 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:

*Charlton L. Parks*

Charlton L. Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-14-06

904/993-7184

Daytime Phone #


17942212

**AFFIDAVIT**

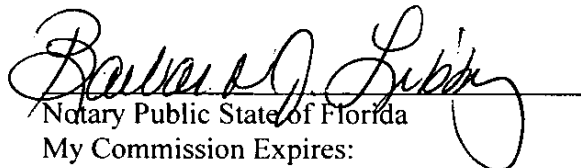
STATE OF FLORIDA  
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared CHARLTON L. PARKS who after being by me first duly sworn, deposes and states the following:

1. That he is the managing member and manager of Arctic Air of Northeast Florida, LLC which was formed on April 4, 2005, with a document number of L05000032421.
2. That he is seeking to reinstate Arctic Air of Northeast Florida, Inc., with a document number of P96000001995, in which corporation he was the President and Director at the time of its dissolution on September 22, 2000.
3. That as the managing member of Arctic Air of Northeast Florida, LLC, he is authorized to allow Arctic Air of Northeast Florida, Inc. to be reinstated using the same name as Arctic Air of Northeast Florida, LLC.

  
\_\_\_\_\_  
CHARLTON L. PARKS

Sworn to and subscribed be me on this 14 day of July, 2006, by Charlton L. Parks who is personally known to me and did/did not take an oath.

  
\_\_\_\_\_  
Notary Public State of Florida  
My Commission Expires:

