2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000061932

1. Entity Name
AIR CARE, INC.

FILED
04 NOV 30 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11192004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
729 DROMEDARY DRIVE POINCIANA, FL 34759	729 DROMEDARY DRIVE POINCIANA, FL 34759

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3399563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABLACK, WENDELL T
729 DROMEDARY DRIVE
POINCIANA, FL 34759

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wendell T. Ablack 11-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ABLACK, WENDEL T	
STREET ADDRESS	729 DROMEDARY DRIVE	
CITY-ST-ZIP	POINCIANA, FL 34759	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AR 12/2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004306883 9 11/30/04--01054--016 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004306883 9 11/30/04--01054--017 **8.75	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendell T. Ablack 11-18-04 863-427-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11-19-04

To Whom This May Concern:

I Wendell A. Black of
Air Care Inc.
729 Dromedary Dr.
Poinciana Fl. 34759

Have not to this date
be sent an Annual Report
for 2004.
I thought I had already
taken Care of this matter
as I usually do about
the beginning of the year.

I have diligently endevored
to always be on the spot
on time with my report
and kept my Official
fee paid on time.

I never received a
report this year. 2004
After speaking and
questioning one of your
staff I was told
there had be a mix up and
some didn't receive Reports.
As requested on reinstatment
of my Corp. documents. I
neither received any Notice
My Corp. was being disolved.