

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 24 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008022034--2

-09/25/02--01071--014

****300.00 ****300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

896000068172

1. Corporation Name

AIRD, INC.

2. Principal Office Address

2067 HUNTERS GLEN DR.

3. Mailing Office Address

2067 HUNTERS GLEN DR.

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

#9

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

USA

Zip

34698

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/15/1996

5. FEI Number

59-3401546

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

BURGESS, HEATHER A

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

2067 HUNTERS GLEN DR

Suite, Apt. #, Etc.

#9

City

DUNEDIN

State

FL

Zip Code

34698

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

Heather Burgess

REGISTERED AGENT MUST SIGN

Date 9/20/02

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
PSTD	BURGESS, HEATHER A	2067 HUNTERS GLEN DR. #9	DUNEDIN, FL 34698

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 under section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

(727) 738-2888

Daytime Phone #

9/24/02

Aird, Inc.
2067 Hunters Glen Drive, #9
Dunedin, FL 34698
(727) 738-2888

September 20, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

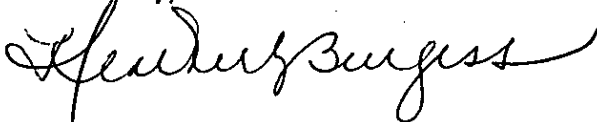
I am sending this letter to respectfully request a waiver of any late or penalty fees associated with the reinstatement of Aird, Inc. The reason for our request is non-receipt of Uniform Business Report (we did not receive UBR).

According to Marquita, an examiner in your office, the reinstatement fee for Aird, Inc. is \$300.00 if my request for waiver is approved. Enclosed is the reinstatement application and check in the amount of \$300.00.

If for any reason this request is denied, please send letter of explanation to my attention at the address listed above. If you have any questions, please contact me at (727) 738-2888.

Thank you for your consideration and anticipated prompt filing of this information.

Sincerely,



Heather Burgess
President
Aird, Inc.
habmail@att.net