


10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

05 JUN -7 PM 3:06

DOCUMENT # P96000069759

1. Corporation Name
AIR SUPPORT INTERNATIONAL, INC.

2. Principal Office Address
111 BRINY AVE.

3. Mailing Office Address
111 BRINY AVE.

Suite, Apt. #, etc.
SUITE 1914

Suite, Apt. #, etc.
SUITE 1914

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33062

Country
BROWARD

Zip
33062

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida **08/21/1996**

5. FEI Number
650689685

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00705

7. Name and Address of Current Registered Agent

Name
MICHEAL THOMAS

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

Suite, Apt. #, Etc.
SUITE 1914

City
POMPANO BEACH

State
FL

Zip Code
33062

600055856116
06/07/05--01052--008 **900 00

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

Date **5-31-05**

REGISTERED AGENT MUST SIGN

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
D	MICHAEL THOMAS	111 BRINY AVE, SUITE 1914	POMPANO BEACH, FL 33062
ST	NANCY THOMAS	111 BRINY AVE, SUITE 1914	POMPANO BEACH, FL 33062

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Thomas 5/31/05 (954) 543-1974

CR2E061 (01/05)

20f2

AIR SUPPORT INTERNATIONAL

**111 BRINY AVENUE
SUITE 1914
POMPANO BEACH, FL 33062
PH# 954/543-2974
E-MAIL: mthomas@tapco-us.com**

To Whom It May Concern:

I have recently realized that my company has not file the annual report since 1999. I found this out after I was looking for my document number to apply for filing unemployment online. This was just a terrible mistake and was not intentional. I moved from my old address at 333 NW Terr., Coral Springs, FL 33071 to my new and current address at 111 Briny Ave., Suite 1914, Pompano beach, FL 33062 in June of 1999 and never received the Annual Report form in the mail to change the address or file.

I am the owner and the only employee in this corporation and I ask that you wave whatever FEES you can and reinstate my corporation, I cannot afford to pay the fees listed on the reinstatement form.

Please consider this request and advise how I should move forward.

My document number is P96000069759

FEI number is 65-0689685

Thank you for your cooperation

Michael Thomas

President

Please mail all correspondences to:

111 Briny Ave., Suite 1914

Pompano Beach, FL 33062

waf - 17911