

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104535
1. Corporation Name

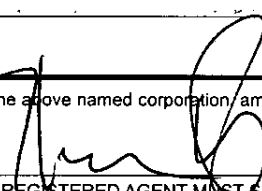
AIS EQUIPMENT CORPORATION

2. Principal Office Address		3. Mailing Office Address	
125 15TH STREET		125 15TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BELLEAIR BEACH, FL		BELLEAIR BEACH, FL	
Zip	Country	Zip	Country
33786	USA	33786	USA

4. Date Incorporated or Qualified To Do Business in Florida	
1/01/97	
5. FEI Number	Applied For
59-3417146	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	
THOMAS C. NASH, II	
Street Address (P.O. Box Number is Not Acceptable)	
625 COURT STREET	
Suite, Apt. #, Etc.	
SUITE 200	
City	State Zip Code
CLEARWATER	FL 33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0595 or 617.0503, F.S.

Signature of Registered Agent  Date 5/24/04

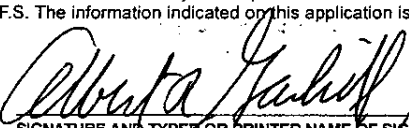
REGISTERED AGENT MUST SIGN

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	AL-GASKILL	125 15TH STREET	BELLEAIR BEACH, FL 33786

700037578567
06/02/04--01048--007 **900.00

REINSTATEMENT 03-04

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 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:  AL GASKILL Date 5/20/04 Daytime Phone # 727-786-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)