

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000002238

1. Corporation Name

AIRMOTION, INC.

Principal Place of Business

Mailing Address

2875 S. Orange Ave.
Suite 500-1105
Orlando, FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

c/o Edward M. Livingston, Esq.

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1599

5. FEI Number

59-3420921

Applied For

Not Applicable

City & State

City & State

Winter Park, FL 32790

Zip

Country

Zip

32790

Country

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S/T	Brian Haas	1365 Grove Terrace	Winter Park, FL 32789
			000002964990--2
			08/19/99 01086-018
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

B&C Corporate Services of Central Fla.
390 N. Orange Ave., Suite 1100
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name

Edward M. Livingston

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

628 Ellen Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Edward M. Livingston

REGISTERED AGENT MUST SIGN

Date

Aug. 3, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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
BRIAN HAAS, President

8/3/99
Date

407-740-5286
Daytime Phone #