

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 MAY -7 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026374

1. Corporation Name

Air-MASS AIR CONDITIONING, INC.

2. Principal Office Address

3600 S. State Rd. #7

Suite, Apt. #, etc.

Suite #314

City & State

Miramar, FL

Zip

33023

Country

U.S.A

3. Mailing Office Address

360 S. State Rd. #7

Suite, Apt. #, etc.

Suite #314

City & State

Miramar, FL

Zip

33023

Country

U.S.A

800005556048--8

05/17/02--01006--003

***300.00 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/97

5. FEI Number

650662577

☒ 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

Neville Grant

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

360 S. State Rd. #7

Suite, Apt. #, Etc.

Suite #314

City

Miramar, FL

State

FL

Zip Code

33023

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

Neville Grant

REGISTERED AGENT MUST SIGN

Date 3/19/02

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
D	Neville Grant	19 NW 161 Ave	Pembroke Pines, FL 33028

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:

Neville Grant NEVILLE GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

CR2E081 (9/01)

AIR-MASS AIR CONDITIONING, INC.

Sales, Service & Installation

CACO57288

3600 S. State Rd. 7, Suite # 314

Miramar, FL 33023

Tel: (954) 986-0100

April 19, 2002

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Corporation Reinstatement
Document No.:P9700026374
FEI No.:650662577

To whom it may concern:

My name is Neville Grant, Director of Air-Mass Air Conditioning, Inc. I respectfully request that the late fees be waived for reinstatement because the corporate documents were sent to the wrong address so I didn't receive notice. From this date forward, I respectfully request that all documents pertinent to my business be mailed to my corporate offices now located at 3600 S. Rd 7, Suite #314, Miramar, FL 33023.

Sincerely,



Neville Grant, Director
Air-Mass Air Conditioning, Inc.

Enclosure: Reinstatement Application and a check payable to the Department of State



ACCOUNT NO. : 072100000032

REFERENCE : 568146 7206154

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 7, 2002

ORDER TIME : 10:35 AM

ORDER NO. : 568146-005

CUSTOMER NO: 7206154

CUSTOMER: Mr. Neville Grant
Air-mass Air Conditioning,
Suite 314
3600 State Road 7
Hollywood, FL 33023

DOMESTIC FILINGS

NAME: AIR-MASS AIR CONDITIONING,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____

RECEIVED
02 MAY 17 AM 11:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA