

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2018 JUL 27 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047058

1. Corporation Name

AIRE SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

14985 Newport Road

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33764

Country

3. Mailing Office Address

14985 Newport Road

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33764

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1997

5. FEI Number

59-3448108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

300316422929  
07/27/18--01024--019 \*\*1800.00

CP2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Armando F. Mizio

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

25400 U.S. Hwy. 19 North

Suite, Apt. #, Etc.

Suite 225

City

Clearwater

State

FL

Zip Code

33763

**REINSTATEMENT**

2011-2018

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

*Armando F. Mizio*

REGISTERED AGENT MUST SIGN

Date July 20, 2018

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
DP	Christopher T. Parker	14985 Newport Road	Clearwater, FL 33764
DVPST	Peter Alex Valalas	2650 Countryside Blvd. Unit B110	Clearwater, FL 33761

10. E-mail Address: myairsolutions@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.