

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 NOV 14 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074244

**1. Corporation Name**

AIRSTOCKS, INC.

**2. Principal Office Address**

10833 N.W. 50th St.

Suite, Apt. #, etc.

**City & State**

Sunrise, FL

Zip  
33351

Country  
USA

**3. Mailing Office Address**

10833 N.W. 50th St.

Suite, Apt. #, etc.

**City & State**

Sunrise, FL

Zip  
33351

Country  
USA

**REINSTATEMENT**

2000

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Aug. 26, 1997

**5. FEI Number**

65-0777980

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

Thomas, Jeffrey G.

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

10833 N.W. 50th Street

Suite, Apt. #, Etc.

500003487815-2

-12/05/00-01074-026

\*\*\*\*758.75 \*\*\*\*758.75

City

Sunrise,

State  
FL

Zip Code  
33351

**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

Jeffrey G. Thomas

Date November 8, 2000

**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
P	Thomas, Jeffrey	10833 N.W. 50th Street	Sunrise, FL 33351
VP	Thomas, Michael	10833 N.W. 50th Street	Sunrise, FL 33351
T	Thomas, Nancy	10833 N.W. 50th Street	Sunrise, FL 33351
S	Thomas, Elizabeth	10833 N.W. 50th Street	Sunrise, FL 33351
			LS

**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: By: Jeffrey G. Thomas**

Nov. 8, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #