

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 2:32

DOCUMENT # **P97000075355**

1. Corporation Name

INFLAIR CORPORATION

200004662902--6

-11/01/01--01055--003

*****1058.75 ***1058.75**

2. Principal Office Address

9145 SW 40TH ST.

Suite, Apt. #, etc.

SUITE 1-A

City & State

MIAMI - FLORIDA

Zip

33165

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

09-01

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

08/29/1997

5. FEI Number

650787343

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

JAVIER JORDA

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

9145 SW 40TH STREET

Suite, Apt. #, Etc.

SUITE 1-A

City

MIAMI-

State

FL

Zip Code

33165

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

Date **OCT 29, 2001**

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 |
|-----------|--------------------------------------|---|--------------------------|
| PD | JAVIER JORDA | 9145 SW 40TH ST. SUITE 1-A | MIAMI - FL. 33165 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER JORDA (PRESIDENT)

OCT 29, 2001

Date

305-525-1800

Daytime Phone #