


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000003301			
1. Corporation Name Law-Air, Inc.			
2. Principal Office Address 2358 River Tree Circle		3. Mailing Office Address same as principal office	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, Florida		City & State	
Zip 32771	Country USA	Zip	Country

FILED
00 DEC -4 AM 2:33
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 1/9/98	
5. FEI Number 59-3493427	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Larry P. Deal		
Street Address (P.O. Box Number is Not Acceptable) 2358 River Tree Circle		
Suite, Apt. #, Etc.		
City Sanford.	State FL	Zip Code 32771

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**

Cathrine Deal

REGISTERED AGENT MUST SIGN

Date 11-15-00

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
Pres.	Larry P. Deal	2358 River Tree Circle	Sanford, FL 32771
Vice Pres.	Cathrine Deal	2358 River Tree Circle	Sanford, FL 32771
Treas.	Cathrine Deal	2358 River Tree Circle	Sanford, FL 32771
Sec.	Grant Downing	2233 Lee Road, Suite 101	Winter Park, FL 32789

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:

GPO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-00 407-790-7131 KE

CR2E081 (9/99)