

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 20 PM 3:55

DOCUMENT # P98000048738

1. Corporation Name

AIR PURIFICATION TECHNOLOGIES, INC.

REINSTATEMENT 00-03

2. Principal Office Address

38152 Salem Ave
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1018
Suite, Apt. #, etc.

City & State

Zephyrhills, FL.

City & State

Crystal Springs, FL.

Zip

33541

Country

USA

Zip

33524

Country

USA

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

05/28/1998

5. FEI Number

59-3521735

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

Johnny Santiago

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

38152 Salem Ave.

Suite, Apt. #, Etc.

City

Zephyrhills

State
FL

Zip Code

33541

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

J. Santiago
REGISTERED AGENT MUST SIGN

Date 1/11/04

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
Sect. Pres.	JOHNNY SANTIAGO	38152 Salem Ave.	Zephyrhills, FL 33541

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.

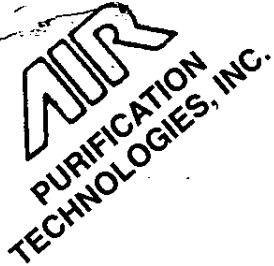
SIGNATURE:

J. Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/04
Date

(813) 748-4212
Daytime Phone #

CR2E081 (10/02)



P.O. Box 1018
Crystal Springs, Florida 33524

JAN. 11, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION of CORPORATIONS
P.O. Box 6327
Tallahassee, FL. 32314

RE: CORPORATION REINSTATEMENT

I spoke with your clerk Kashton On 12/29/2003. I submitted my workers comp. application for 2004 and it was sent back with my with my check. I resubmitted my application in you Tampa office, and they said they could not process the application because the company is inactive. I spoke with your clerk about this matter& explained what had happened. The problem was that the address for the registered agent was never changed when he retired a year later. As per your clerk, I am submitting a reinstatement application with the new information and the \$600.00 fee which is all that will be needed.

If you have any questions, please do not hesitate to call, daytime # (813)748-4212. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jay Santiago".

Jay Santiago