Daytino Phone 4

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	RPORATION ISTATEMEN	PH 12.3.47		DEPAREMENT OF Katherine Harris Secretary of State SION OF CORPOPATIONS	STATE		FILED AR 28 AM 8	á	,			
DOCI	UMENT #	P980	W	74506	í	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
	G-Air	Holdings	Corp.	·			*					
2. Principa	al Office Address		3. Mailing C	iffice Address		l	•					
1815	Griffin	Rđ.	1815	Griffin Rd.					$\Lambda \Omega - \Omega I$			
Sulte, Apl. 1			Sulte, Apt. #						00 01			
Suite			Suite	400			rated or Qualified cas in Florida	8/26/9	8			
	a, Flori	.da	City & State Dania, Florida			5. FEI Number 75-2245498 Applied For Not Applied For						
<b>Zip</b> 330	004	USA	Zip 330	04 Country USF	4	G. CERTIFICATE C	OF STATUS DESIRED		aul Bee recolm Çele bi Stati b			
-		omas P. C	coper	iame and Address of Curre	nt Registero		000291	32074	<u> </u>			
	Stroet Address 18 Surie, Apt, #, E	P.O. Box Numberla 15 Griffi tc.	n Road		<del></del>			101092 00 ****				
	Su	ite 400 nia					State Zip Code	04				
8. I, being Signature of Registered		L-FO	eve named corpo	rotion, am familiar with and a	ecapt the obti	Igations of section		æ, <b>f.s</b> . áh 02, 1	2001			
9 Names	and Clease Ariela			nica nonprofit corporations ma	ert liest at lane	et 2 eller elsen)						
<del></del>	and south page	Name of	ALC: ODBGO, FR	Straet Addn		st 3 (illectors)						
Thies	0	floors and/or Director	8	Officer and/or Director			City / State / Zip					
D/P	D/P Thomas L. Coope		r	1815 Griffi	n Rd.	Ste.400	Dania	, Flori	da 33004			
	<del></del>			V. N.	3, 3, 4	er (			······			
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				· · · · · · · · · · · · · · · · · · ·		ENS	TATEIN	CNI	006-01			
16 Location	that I are an efficie							<del></del>	MN			
this form owed by	y the comporation happinessy the comporation is true;	tion, the reason for dis leve been peld and the	solution has been names of individu	powered to execute this applied interest. The corporate named a listed on this form do not see the same regal officer as if a Thomas L.	id setisfies th qualify for an nade under o	ne requirements of exemption under refit,	CAMELON COT DADA AND	617.0401, F.S., t 4.3. The Informeti	not all fees on indice <del>te</del> d			

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS									
	UMENT ration Name	<del>-</del> #									·			
2- Principal Office Address				3. Mailing Office Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Date Incorporated or Qualified     To Do Business in Florida						
City & Stat	City & State			;	City & State				5. FEI Number Applied Fo					ed For
Zip 	Zip Country			Zip		Country		6. CERTIFICATE OF STATUS DESIRED		\$8.75 Ad for a C	\$8.75 Additional Fee require for a Certificate of Status			
			÷			7. Name and	Address of Cur	rent Register	ed Agent					
	Name	Name												
	Street Add	Street Address (P.O. Box Number is Not Acceptable)									υ <u>,,</u>			
	Suite Ant.	Suite, Apt. #, Etc.										<u> </u>		
							·	·		u				
	City									State FL	Zip Code			
8. I, being Signature of Registered	of	registere	ed agent of	M	g	corporation, am	familiar with and	l accept the ob	ligations of secti	on 607.05 Date		3, F.\$.		
9. Name	s and Street Ad	idresses	of Each Of					must list at lea	st 3 directors)				_	-
9. Names and Street Addresses of Eac Titles Officers and			Name of	•	Street Address of				Each			/ State / Zip		
		<del>-</del>												
					··									
		_										<u> </u>		
this re owed	instatement ap by the corporat application is TURE:	plication, ion have true and	the reason been paid accurate, a	for disso and the n nd my sig	elution has lames of in gnature sha	been eliminated dividuals listed all have the san	to execute this ap d, the corporate n on this form do n ne legal effect as	name satisfies not qualify for a if made under	the requirements n exemption und	of section er section	607.0401 or 0	517.0401, F. F.S. The info	S., that all	fees
		SNATURE	AND TYPE	OR PRIN	ITED NAME	OF SIGNING OF	FFICER OR DIRECT	TOR		Date		Daytime Ph	none #	_