

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 28 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000074506

1. Corporation Name

G-Air Holdings Corp.

00-01

| | | | | |
|---|----------------|---|----------------|---|
| 2. Principal Office Address 1815 Griffin Rd. | | 3. Mailing Office Address 1815 Griffin Rd. | | 4. Date Incorporated or Qualified To Do Business in Florida 8/26/98 |
| Suite, Apt. #, etc. Suite 400 | | Suite, Apt. #, etc. Suite 400 | | |
| City & State Dania, Florida | | City & State Dania, Florida | | 5. FEI Number 75-2245498 Applied For Not Applicable |
| Zip 33004 | Country USA | Zip 33004 | Country USA | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | | |

7. Name and Address of Current Registered Agent

Name

Thomas P. Cooper

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

1815 Griffin Road

Suite, Apt. #, Etc.

Suite 400

City

Dania

State
FL

Zip Code

33004

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date: March 02, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|----------------------|
| D/P | Thomas L. Cooper | 1815 Griffin Rd. Ste. 400 | Dania, Florida 33004 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2006-01
MW

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)(f), 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:

Thomas L. Cooper

03/02/01 954-266-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

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4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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 |
|--------|--------------------------------------|---|--------------------|
|--------|--------------------------------------|---|--------------------|

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)