

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
DIVISION OF CORPORATIONS
00 DEC 11 PM 4:58

DOCUMENT # P98000094903

1. Corporation Name

PRO-AIR INTERNATIONAL, INC.
5951 NW 151st STREET
SUITE 105
MIAMI FL 33014

2. Principal Office Address

5951 NW 151st ST.

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33014

Country

USA

3. Mailing Office Address

5951 NW 151st ST.

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33014

Country

USA

REINSTATEMENT

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

11/10/98

5. FEI Number

65-0874098

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

SOSA, JOSE R.

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

5951 NW 151st ST.

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33014

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

Jose R. Sosa

Date 12/5/00

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	SOSA, JOSE R.	671 E. 53rd ST.	HIALEAH FL 33013
VPD	SOSA, ROBERT	15018 NW 87 PL	MIAMI FL 33018

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:

Jose R. Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/00
Date

(305) 819-9887
Daytime Phone #

CR2E081 (9/99)