

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -8 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 9-9900002346

1. Corporation Name

Evacair Consultants USA, Inc.

2. Principal Office Address

1000 West Avenue

Suite, Apt. #, etc.

S1608

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1000 West Avenue

Suite, Apt. #, etc.

S1608

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/99

5. FEI Number

65-0898960

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

David J. Ewing

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

1000 West Avenue,

Suite, Apt. #, Etc.

S1608

City

Miami Beach,

State

FL

Zip Code

33139

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

*David J. Ewing*  
REGISTERED AGENT MUST SIGN

Date

08/04/03

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
D/P	David J. Ewing	1000 West Avenue, #S1608 Miami Beach, FL	Miami Beach, FL 33139
D/P	Michael J. Churchill- Smith	611 Rue Victoria	Westmont Quebec H2L4M4, Canada

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:

*David J. Ewing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/04/03 305.674-8415

Daytime Phone #