

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P99000020585

1. Corporation Name
G & F AIR, INC.

2. Principal Office Address
1 N. DALE MABRY HWY.

Suite, Apt. #, etc.
#1070

City & State
TAMPA FL

Zip
33609

Country
USA

3. Mailing Office Address
1 N. DALE MABRY HWY.

Suite, Apt. #, etc.
#1070

City & State
TAMPA FL

Zip
33609

Country
USA

FILED
05 SEP -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 03/01/1999

5. FEI Number
59-3596557

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
FREDERIC C STRECK

Street Address (P.O. Box Number is Not Acceptable)
16802 AVILA BLVD

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33613

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 X

Date 08/26/2005

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
D	FREDERIC C STRECK	1 N DALE MABRY HWY #1070	TAMPA FL 33609

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: X

FREDERIC C STRECK

08/26/2005

813-414-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)