

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 12:04

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000020749

1. Corporation Name

AIR PURIFYING SYSTEMS INC
3190 S. STATE ROAD 7, BAY 16
HOLLYWOOD, FL 33023-52802. Principal Office Address
3190 S. STATE ROAD 7Suite, Apt. #, etc.
BAY 16City & State
HOLLYWOOD, FLZip
330233. Mailing Office Address
3190 S. STATE RD 7Suite, Apt. #, etc.
BAY 16City & State
HOLLYWOOD, FLZip
33023

REINSTATEMENT 04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida
3/5/995. FEI Number
65-0899764 Applied For
 Not Applicable6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CARLOS JIMENEZStreet Address (P.O. Box Number is Not Acceptable)
3190 S. STATE ROAD 7, BAY 16

Suite, Apt. #, Etc.

City
HOLLYWOOD, FL 33023-5280State
FL Zip Code900062228319
12/15/05--0046--010 **900 00

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 12/15/05

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
P	CARLOS JIMENEZ	3190 S. STATE RD 7 BAY 16	HOLLYWOOD, FL 33023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05 9549620480

Date

Daytime Phone #

12/20