

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 16 PM 12:04

**CORPORATION  
REINSTATEMENT**



FLORIDA 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 33023-5280

**2. Principal Office Address**

3190 S. STATE ROAD 7

Suite, Apt. #, etc.

BAY 16

City & State

HOLLYWOOD, FL

Zip

33023

Country

**3. Mailing Office Address**

3190 S. STATE RD 7

Suite, Apt. #, etc.

BAY 16

City & State

HOLLYWOOD, FL

Zip

33023

Country

**REINSTATEMENT**

04-05

CR2E081 (8/05)

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

3/5/99

**5. FEI Number**

65-0899764

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

CARLOS JIMENEZ

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

3190 S. STATE ROAD 7, BAY 16

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL 33023-5280

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

*Carlos A. Jimenez*

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:

*Carlos A. Jimenez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

9549620450

Daytime Phone #

12/20