PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000020749

1. Corporation Name

Air Purifying Systems, Inc.

FILED
03 OCT -7 AM 10: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

2000023868762
10/17/03--01015--008 **1208.75

2. Principal Office Address

3190 S. State Road 7

Suite, Apt. #, etc.

Bay 16

City & State

Hollywood, FL

Zip 33023   Country USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip   Country

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 L. Jimenez, Jr.

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

3190 S. State Road 7

Suite, Apt. #, Etc.

Bay 16

City: Hollywood   State FL   Zip Code 33023

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 _(signature)_   REGISTERED AGENT MUST SIGN   Date 09/30/03

CR2E081 (10/02)

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/T/S	Carlos L. Jimenez, Jr.	3190 S. State Road 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)_   9/30/03   954-962-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #