

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000087353

1. Corporation Name

AERO-TEC SALES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1940 NE 27TH STREET
WILTON MANOR FL 33306

1940 NE 27TH STREET
WILTON MANOR FL 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

52 W OAKLAND PARK BLVD #197

City & State
WILTON MANORS, FL

Zip
33311

Country
BROWARD

3. New Mailing Office Address, If Applicable

52 W OAKLAND PARK BLVD #197

City & State
WILTON MANORS, FL

Zip
33311

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

5. FEI Number

65-0952508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STREETER, ROBERT	STREETER, ROBERT	1940 NE 27TH STREET	WILTON MANOR FL 33306
O/P	GREGORY J. SITZMAN	52 W OAKLAND PARK BLVD #197	WILTON MANORS, FL 33311
			600004721386-7
			-12/12/01--01082--021
			****758.75 ****758.75
			LS

8. Name and Address of Current Registered Agent

~~STREETER, ROBERT~~
~~1940 NE 27TH STREET~~
~~WILTON MANOR FL 33306~~

9. Name and Address of New Registered Agent

Name
GREGORY J. SITZMAN
Street Address (P.O. Box Number is Not Acceptable)
52 W OAKLAND PARK BLVD
Suite, Apt., Etc.
#197
City
WILTON MANORS
State
FL
Zip Code
33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/31/2001

11. 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:

GREGORY J. SITZMAN Pres

10/31/2001 (954) 684-3549