

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000107796**

1. Corporation Name

Air Perfection Services, Inc.

2. Principal Office Address

11531 NW 42nd Street

Suite, Apt. #, etc.

11531

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

11531

Suite, Apt. #, etc.

11531

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

65-0971923

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

Kimberly Spoon

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

11531 NW 42nd Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

*Kimberly L. Spoon*  
REGISTERED AGENT MUST SIGN

Date

4/11/03

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	Spoon, Michael A.	11531 NW 42nd Street	Coral Springs, FL 33065
V	Spoon, Kimberly L.	11531 NW 42nd Street	Coral Springs, FL 33065

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:

*Mike Spoon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-07 954-340-2551

Daytime Phone #

CR2001 (10/02)