

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUN 28 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S15467

1. Corporation Name

AIRFLUID SYSTEMS, INC.

2. Principal Office Address

33 NORTH GARDEN AVENUE

Suite, Apt. #, etc.

SUITE 875

City & State

CLEARWATER, FLORIDA

Zip

33755

Country

US

3. Mailing Office Address

33 NORTH GARDEN AVENUE

Suite, Apt. #, etc.

SUITE 875

City & State

CLEARWATER, FLORIDA

Zip

33755

Country

US

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

4/25/88

5. FEI Number

59-3049931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **2**

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK HAGOPIAN

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

33 NORTH GARDEN AVENUE

Suite, Apt. #, Etc.

SUITE 875

City

CLEARWATER,

State
FL

Zip Code
33755

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***1817.50 ***908.75

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 6/20/01

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
PSTD	MARK HAGOPIAN	33 N. GARDEN AVE., SUITE 875	CLEARWATER, FL 33755

REINSTATEMENT 00-0173

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

6/20/01

Date

727-446-0605

Daytime Phone #

CR2001 (\$700)