H020000240096

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 DEC 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

REINSTATEMENT

DOCUMENT # 615467

1. Corporation Name
AIRFLUID SYSTEMS, INC.

2. Principal Office Address	3. Mailing Office Address
33 NORTH GARDEN AVENUE	33 NORTH GARDEN AVENUE
Suite, Apt. #, etc.: SUITE 875	Suite, Apt. #, etc.: SUITE 875
City & State: CLEARWATER, FLORIDA	City & State: CLEARWATER, FLORIDA
Zip: 33755 Country: US	Zip: 33755 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/90

5. FEI Number: 59-3049931 ☐ 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: MARK HAGOPIAN
Street Address (P.O. Box Number is Not Acceptable): 33 NORTH GARDEN AVENUE
Suite, Apt. #, Etc.: SUITE 875 State: FL Zip Code: 33755
City: CLEARWATER

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: REGISTERED AGENT MUST SIGN Date: 12/20/02

CR2E081 (8/01)

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 NORTH GARDEN AVENUE, SUITE 875	CLEARWATER, FLORIDA 33755

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: PRESIDENT 12/20/02 727-410-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H020000240096 6

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

CORPORATION REINSTATEMENT

AIRFLUID SYSTEMS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75