

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 17 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 988267

1. Corporation Name
Florida Air Experts, Inc.

5071 S. State Road 7
5071 S. State Road 7

2. Principal Office Address
5071 S. State Road 7

3. Mailing Office Address
5071 S. State Road 7

Suite, Apt. #, etc.

Suite 718

Suite, Apt. #, etc.

Suite 718

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

United States

Zip

33314

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/1991

5. FEI Number
650339175

☒ 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

Stewart Allen Grow

Street Address (P.O. Box Number is Not Acceptable)
500 NW 86th Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Stewart Allen Grow
REGISTERED AGENT MUST SIGN

Date 09/13/2004

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 | Stewart Allen Grow | 5071 S. State Road 7 | Davie, FL 33314 |
| VP | Stewart Allen Grow Jr. | 5071 S. State Road 7 | Davie, FL 33314 |
| S | Kimberly Woerner | 5071 S. State Road 7 | Davie, FL 33314 |
| T | Sudie T. Grow | 5071 S. State Road 7 | Davie, FL 33314 |
| | | | |
| | | | |

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:

Stewart Allen Grow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/2004

Date

(954)432-3490

Daytime Phone #

CR2E081 (01/04)