

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** S88267

1. Corporation Name

Florida Air Experts

2. Principal Office Address - No P.O. Box #

500 NW 86 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

500 NW 86 Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines Fl

City & State

Pembroke Pines

Zip

33024

Country

United States

Zip

33024

Country

United States

7. Name and Address of Current Registered Agent

Name

Stewart A Grow

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

500 NW 86 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

Date 3/18/10

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
President	Stewart Grow	500 NW 86 Ave	Pembroke Pines Fl. 33024

10. E-mail Address: FlaAirExperts@aol.com

(To be used for future annual report notification)

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. I further certify, 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

Date

3/18/10

Daytime Phone #

FILED  
10 MAR 19 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800172649228

03/19/10--01040--006 \*\*1050.00

CR2E081 (11/09)

REINSTATEMENT

08-17

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650339175

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.