

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

98 DEC 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44648

1. Corporation Name

SOLAR-AIR SERVICE, INC.

Principal Place of Business

Mailing Address

3683 N.W. 124 Avenue
CORAL SPRINGS, FL
33065

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 16, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0344179

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Karen McDavitt	9661 S.W. 14 Place	Davie, FL 33065
			400002718894--1
			-12/22/98--01051--013
			***1050.00 ***1050.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Karen McDavitt
9661 S.W. 14 Place
Davie, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Karen McDavitt

REGISTERED AGENT MUST SIGN

Date 10-28-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Karen McDavitt

KAREN MCDAVITT

12-10-98

954-752-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)