PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR 1996 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # V53474

AIR QUALITY MANAGEMENT, INC.
ONE LAS OLAS CIRCLE
SUITE 906
FORT LAUDERDALE, FL 33316

2. If Address in Block 1 is incomplete or in error, enter the correct address below:

Address: 4800 BAYVIEW DRIVE, SUITE 505
City and State: FT. LAUDERDALE FL
Zip Code: 33308

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State:
Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 07-28-92

5. FEI Number: 59-3145665

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 |
|---|---|---|---|
| P | COLIN BAYNES | 4800 BAYVIEW DRIVE, SUITE 5055<br>FT. LAUDERDALE, FL 33308 | FT. LAUDERDALE, FL 33308 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000002025630--1
-12/11/96--01023--013
****383.75 ****383.75

REINSTATEMENT 1996
D. Allen
12-10-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

COLIN BAYNES
ONE LAS OLAS CIRCLE
SUITE 906
FORT LAUDERDALE, FL 33316

9. If changed, new registered agent / office

Name: COLIN BAYNES
Street Address (Do NOT Use P.O. Box Number): 4800 BAYVIEW DRIVE, SUITE 505
Street Address (Do NOT Use P.O. Box Number): FT. LAUDERDALE, FL 33308
City: State: FL. Zip:

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: COLIN BAYNES — REGISTERED AGENT MUST SIGN
Date: 12/6/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: COLIN BAYNES
Date: 12/6/96
Daytime Phone #: 954-772-6044

Typed or printed name of signing officer or director: COLIN BAYNES