

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **V 668.66**

1. Corporation Name

Air Trends Corporation

Principal Place of Business

Mailing Address

SAME

**1550 S.W. 85th Ave
Pembroke Pines, FL 33025**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

4. Date Incorporated or Qualified To Do Business in Florida

09/28/92

5. FEI Number

65-0475946

Applied For

Not Applicable

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
Pres.	Jamil Rizvi	1550 S.W. 85th Ave	Pembroke Pines, FL 33025
V.P.	Nasir A. Khan	11960 Washington St	Pembroke Pines, FL 33025
V.P.	Robin Singh	211 Palm Cir East	Pembroke Pines, FL 33025

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-08/12/97--01077--014
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jamil Rizvi
1550 S.W. 85th Ave
Pembroke Pines, FL 33025**

Name

N/A

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

N/A

Suite, Apt. #, Etc.

N/A

City

N/A

State

FL

Zip Code

N/A

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/4/97

11. 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.)

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:

[Signature] **JAMIL H. RIZVI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/97 (954) 437-7047
Date Daytime Phone

CR2E040 (12/96)