

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074244

1. Corporation Name

AIRSTOCKS, INC.

2. Principal Office Address

10833 N.W. 50th St.

Suite, Apt. #, etc.

3. Mailing Office Address

10833 N.W. 50th St.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 26, 1997

5. FEI Number

65-0777980

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

Thomas, Jeffrey G.

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

10833 N.W. 50th Street

500003487815-2

-12/05/00-01074-026

Suite, Apt. #, Etc.

****758.75 ****758.75

City

Sunrise,

State

FL

Zip Code

33351

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

Jeffrey G. Thomas
REGISTERED AGENT MUST SIGN

Date November 8, 2000

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	Thomas, Jeffrey	10833 N.W. 50th Street	Sunrise, FL 33351
VP	Thomas, Michael	10833 N.W. 50th Street	Sunrise, FL 33351
T	Thomas, Nancy	10833 N.W. 50th Street	Sunrise, FL 33351
S	Thomas, Elizabeth	10833 N.W. 50th Street	Sunrise, FL 33351

LS

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: By: Jeffrey G. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 8, 2000

Date

Daytime Phone #

CR2E081 (9/99)