

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 31 PH 1:22

DOCUMENT # P97000101193

1. Corporation Name

All Star Air Conditioning of Broward

2. Principal Office Address

1320 SW 1154h Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1320 SW 1154h Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33325

Country

United States

Zip

33325

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

12/02/97

5. FEI Number

65-0802807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Roland G Morneau

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

1320 SW 1154h Ave

Suite, Apt. #, Etc.

700050751097

01/14/05-01014-017-4410-0700

City

Fort Lauderdale/Davie FL

State

FL

Zip Code

33325

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

Roland G Morneau
REGISTERED AGENT MUST SIGN

Date 3/25/05

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
<u>Pres</u>	<u>Roland G Morneau</u>	<u>1320 SW 1154h Ave</u>	<u>Davie / Florida / 33325</u>

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:

Roland G Morneau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roland G. Morneau

Date

3/25/05 954-430-8884
Daytime Phone #

CR2E081 (01/05)