

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -6 AM 9:22

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REINSTATEMENT 95-99

DOCUMENT # 693832

1. Corporation Name

Robert Air Conditioning, Inc.

Principal Place of Business Mailing Address
 2561 West 3rd Avenue P.O. Box 4218
 Hialeah, Florida 33010 Hialeah, Florida 33014

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

2. New Principal Office Address, if Applicable 230 West 64th Street Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/09/81	
City & State Hialeah, Florida		City & State		5. FEI Number 59-2136545	
Zip 33012	Country Miami-Dade	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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	Robert Gutierrez	230 West 64th Street Hialeah, Florida 33012	Hialeah, Fl 33014

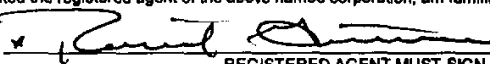
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert Gutierrez
 2561 West 3rd Avenue
 Hialeah, Florida 33010

Name
 Robert Gutierrez
 Street Address (P.O. Box Number is Not Acceptable)
 10300 Sunset Drive
 Suite, Apt. #, Etc.
 400
 City
 Miami
 State
 FL
 Zip Code
 33173

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 
 REGISTERED AGENT MUST SIGN

Date 10-4-99

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 name 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:  Robert Gutierrez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-99 305-885-3333
 Date Daytime Phone #