PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 NOV 30 PM	2: 47	
DOCUMENT # F 3565 3 1. Corporation Name			SLOWLIAMY OF STATE TALLAHASSEE, FLORIDA		
AIR VENT SYSTEMS INC.				and the second section (sec.	
Principal Office Address 771 C'TRUS PLACE 971 C'TRUS PLACE		REINSTATEMENT OS			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State We LLING TON, FL	City & State WELLINGTON FL Zip Country	5. FEI Number 5 9	1992397	Applied For Not Applicable	
zip 33414 Country U.S	33414 US	GERTIFICATE		Additional Fee required Certificate of Status	
Name TOHN P. MCD (RMOTT. Street Address (P.O. Box Number is Not Acceptable) 97/CiTRUS PLACO Suite, Apt. #, Etc. City WehlingTow State Zip Code FL 33914					
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 Date 11-28-05. REGISTERED AGENT MUST SIGN					
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 E Officer and/or Dire	ctor	City / State /	Zip N. F-1 33494	
STD MCDERMOTT, JOH	$\mathcal{N}_{\mathcal{F}_{-}}$		Name to the Control of the Control o	× // /5/ 23.	
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J. G. W (30		11/30/	00617901. 0501033003	₹ ₹ 500.00	
P	• :	10/06	0501073 or	\$ \$150.00	
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: SIGNATURE SIGNATURE DAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					