

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

97 OCT 31 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80077

1. Corporation Name
Air Conditioning Products Corp.
2200 N.W. 93rd Avenue
Miami, FL 33160-2127

| | |
|---|---|
| Principal Place of Business 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431 | Mailing Address 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431 |
|---|---|

400002339284--4
-11/05/97--01091--016
***1088.75 ***1088.75

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

| | | | | | |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5/6/82 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 592206264 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 |
| P/D | Hunt, Robert J. | 2200 Corporate Blvd., N.W. Suite 401 | Boca Raton, FL 33431 |
| V | Eder, Robert W. | 2200 N.W. 93rd Ave. | Miami, FL 33172 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 95-97

62 11-4-97

| | | | | |
|---|--|--|-------|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | | |
| HCRM Corp. 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431 | | Name | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | Suite, Apt. #, Etc. | | |
| | | City | State | Zip Code |
| | | FL | | |

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 HCRM Corp. *[Signature]* Date 10/23/97
REGISTERED AGENT MUST SIGN

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]* Pres Date 10/23/97 (561) 997-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/2/96)