

09:31 JUN 11, 2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 19 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F98000000795					
1. Corporation Name manufacturera De Equipos Para Refrigeracion Y AIRE A Condicionado Carrier Equiprac, S. A.					
2. Principal Office Address 3450 NW 115 Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small>			
City & State Miami FL		City & State _____			
Zip 33172	Country USA	Zip _____	Country _____	4. Date Incorporated or Qualified To Do Business in Florida 02/10/98	
5. FEI Number _____				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corp. System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.					
Suite, Apt. #, Etc. LS					
City Plantation				State FL	Zip Code 33324
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 Amy Berteletti		AMY BERTELETTI SPECIAL ASSISTANT SECRETARY 9/17/01. 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 Each Officer and/or Director	City / State / Zip		
P	Luz Delgado	CALLESS, #7N-06	CAIi, Columbia		
D	William Brown	3450 NW 115 Ave	Miami FL 33172		
D	Sergio Gonzalez	3450 NW 115 Ave	Miami FL 33172		
D	Lucien Lafond	3450 NW 115 Ave	Miami FL 33172		
D	Lawrence Flanagan	3450 NW 115 Ave	Miami FL 33172		
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: Lawrence Flanagan		Date June 18, 2001 Daytime Phone # _____			