

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J80312**

1. Corporation Name
R&T AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
3333 W ATLANTIC BLVD POMPANO BCH FL 33069 US	3333 W ATLANTIC BLVD POMPANO BCH FL 33069 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

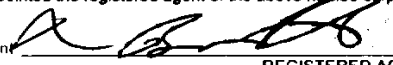
4. Date Incorporated or Qualified To Do Business in Florida 08/29/1987	
5. FEI Number 60-2821091	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

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	4. City / State / Zip
D	BUDDIE, RUSSELL R	1625 N.W. 58TH AVE.	MARGATE FL
P	BUDDIE, THOMAS S	1300 S.E. 12 AVE.	DEERFIELD BEACH FL

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BUDDIE, RUSSELL 1625 N.W. 58TH AVE. MARGATE FL 33063		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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  **REQUIRED** Date **Oct. 18, 1999**

REGISTERED AGENT MUST SIGN

11. 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:  **REQUIRED** **Buddie** Date **10/18/99** (954) 971-7832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
99 OCT 22 AM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR22040 (8/99)