PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2012 JAN 18 AM 8: 24
DOCUMENT # L 0400001591 1. Limited Liability Company's Name Climatic Technologies, LLC.	SECRE TARY OF STATE TALLAHASSEE. FLORIDA 900218675039 01/17/1201061005 **133.75 CR2E041 (1/11)
2. Principal Office Address No P.O. Box # 3. Mailing Office Address PO BOX 1831 Suite, Apt. #, etc. Suite, Apt. #, etc.	4. State/Country of Formation PL Walton 5. Date Organized or Qualified 1-6-04 To Do Business in Florida
City & State Freeport FL Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Walton	6. FEI Number Applied For Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$\infty\$ \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Uffrey J. Falivene Street Address (P.O. Box Number is Not Acceptable) 5/7 Old Jolly Bay Rd Suite, Apt. #, Etc.	E-mail Address: 1 002 1 5825891 01/03/1201042023 **243.75
City FREPORT State Zip Code 32439 9. I, being appointed the registered agent of the above named limited liability company, am familiar with an	(To be used for future annual report notices)
Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN 10. Names and Street Abdresses of Managing Members/Managers	
Titles Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Ea Managers Street	nager City / State / ZIp
REINSTATEMENT -2012	
11. 1 certify that 1 am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a decument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Date Date Destine Phone # 250-830-6277	

C.S.