

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:39

<b>DOCUMENT # L04000057261</b>					
<b>1. Entity Name</b> MARK A. BELANGER AIR CONDITIONING SERVICES, LLC					
<b>Principal Place of Business</b> 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801			<b>Mailing Address</b> 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801		
<b>2. Principal Place of Business - No P.O. Box #</b> 1404 HESTER DR.		<b>3. Mailing Address</b> 1404 HESTER DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10082007 REIN-LLC CR2E101 (1/07)	
<b>City &amp; State</b> LAKELAND FL		<b>City &amp; State</b> LAKELAND FL		<b>4. FEI Number</b> 20-1294668	
<b>Zip</b> 33801		<b>Country</b> POLK		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BELANGER, MARK A 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801			<b>7. Name and Address of New Registered Agent</b> Name: MARK A. BELANGER Street Address (P.O. Box Number is Not Acceptable): 1404 HESTER DRIVE City: LAKELAND FL Zip: 33801		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>Mark A. Belanger</i> DATE: OCT 8, 2007 <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> BELANGER, MARK A <b>STREET ADDRESS</b> 1880 N. CRYSTAL LAKE DR. #25 <b>CITY-ST-ZIP</b> LAKELAND, FL 33801	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Belanger, Mark A. <b>STREET ADDRESS</b> 1404 HESTER DRIVE <b>CITY-ST-ZIP</b> LAKELAND, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> DAVIS, JEANETTE <b>STREET ADDRESS</b> 1880 N. CRYSTAL LAKE DR. #25 <b>CITY-ST-ZIP</b> LAKELAND, FL 33801	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> DAVIS, JEANETTE <b>STREET ADDRESS</b> 1404 HESTER DRIVE <b>CITY-ST-ZIP</b> LAKELAND, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Mark A. Belanger</i>			DATE: OCT 8 2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					