


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:39

DOCUMENT # L04000057261 1. Entity Name MARK A. BELANGER AIR CONDITIONING SERVICES, LLC	
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Principal Place of Business 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801	Mailing Address 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801
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2. Principal Place of Business - No P.O. Box # 1404 HESTER DR. Suite, Apt. #, etc.	3. Mailing Address 1404 HESTER DR. Suite, Apt. #, etc.
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City & State LAKELAND FL	City & State LAKELAND FL	4. FEI Number 20-1294668	Applied For <input type="checkbox"/> Not Applicable
Zip 33801	Country POLK	Zip 33801	Country POLK



10082007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent BELANGER, MARK A 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name MARK A. BELANGER Street Address (P.O. Box Number is Not Acceptable) 1404 HESTER DRIVE City LAKELAND FL Zip 33801
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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.

SIGNATURE: *Mark A. Belanger* DATE: **OCT 8, 2007**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELANGER, MARK A 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Belanger, MARK A. 1404 HESTER DRIVE LAKELAND, FL. 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JEANETTE 1880 N. CRYSTAL LAKE DR. #25 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JEANETTE 1404 HESTER DRIVE LAKELAND, FL. 33801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Mark A. Belanger* DATE: **OCT 8 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #