PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 15 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000003793

1. Limited Liability Company's Name
INTERNATIONAL COMFORT PRODUCTS, LLC

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2. Principal Office Address	3. Mailing Office Address
One Carrier Place	P.O. Box 4808, TR-5
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Farmington, CT 06034	City & State: Syracuse, N.Y. 13221
Zip: 06034 Country: USA	Zip: 13221-4808 Country: USA

4. State/Country of Formation: Delaware
5. Date Organized or Qualified To Do Business in Florida: 11/13/03
6. FEI Number: 57-1191618 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
900048847729
03/22/05--01027--004 **200.00

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: James Newsome (REGISTERED AGENT MUST SIGN) JAMES M. NEWSOME Date: 3/14/05
Special Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert E. Galli	One Carrier Place	Farmington, CT 06034
MGR	Christopher J. Brogan	One Carrier Place	Farmington, CT 06034
MGR	Angelo J. Messina	One Carrier Place	Farmington, CT 06034

REINSTATEMENT 2004-2005

CR2E041 (10/02)

11. I certify that I 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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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.

Signature of Managing Member/Manager: [signature] Date: 3/8/05 Daytime Phone #: 860-674-3262

Typed or printed name of signing Managing Member/Manager: Robert E. Galli

FL0110 - 08/03/04 C T System Online