*READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State PEINSTATEME DIVISION OF CORPORATIONS DOCUMENT # SEP 30 PH 12: 49 1. Corporation Name SECRETARY OF STATE HARRIS AIR CONDITIONING INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1011 SW 72ND AVENUE 1011 SW 72ND AVENUE MIAMI FL 33144 MIAMI FL 33144 -10/16/96--01074--014 ****225.00 ****225.00 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 Date Incorporated or Qualified To Do Business in Florida 04/08/1987 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-2790757 City & State Not Applicable 6. Ζip Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip PD HARRIS, DAVID J. 1011 SW 72ND AVE. MIAMI FL VD. GIBSON, REX 9385 HAITIAN DR. MIAMI FL STD HARRIS, ANITA M. 1011 SW 72ND AVE. MIAMI FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ERSKINE, STANLEY B. Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN ROAD** MIAMI BEACH FL Suite, Apt. #, Etc. City State Zip Code 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 . REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 12. 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. David J. Haris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SECTION FROM! HARRIS AR CENSIFIONING TWO We As Mells Ne In NEVER DID RECEIVE OUR CORPORATE FILENCE PARTIES FOR THIS YEAR. THANK GOO DAUID THARAS