


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # m86159			
1. Corporation Name Miners Air Conditioning & Refrigeration, Inc.			
2. Principal Office Address 850 N. 15th Street Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Immokalee, FL		City & State	
Zip 34142	Country USA	Zip	Country

FILED

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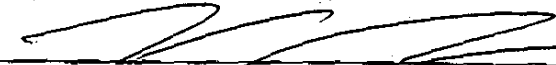
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-02/27/01--01149--012
***1050.00 ***1050.00

4. Date Incorporated or Qualified To Do Business in Florida 7/27/88	
5. FEI Number 65-0063026	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$875 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name Douglas L. Rankin, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 2335 Tamiami Trail North	
Suite, Apt. #, Etc. Suite 308	
City Naples	State FL
Zip Code 34103	

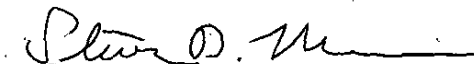
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Date** February 15, 2001
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Steven D. Miners	850 N. 15th Street	Immokalee, FL 34142

10. 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.

SIGNATURE:  **2-15-2001** (941) 262-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**