


\$450.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAR 14 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036077

1. Corporation Name

AIR CONDITIONING & REFRIGERATION INC.

700048401587
03/15/05--01017--004 ***750.00

REINSTATEMENT 03-05

2. Principal Office Address 12000 BISCAYNE BLVD Suite, Apt. #, etc. 507 City & State MIAMI FLORIDA Zip 33181 Country U.S.A.		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 04/10/2001	
5. FEI Number 65-1098952	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name UGO V. CHIARATO	
Street Address (P.O. Box Number is Not Accepted) CERTIFIED PUBLIC ACCOUNTANT FLORIDA AND NEW YORK STATE 12000 BISCAYNE BLVD., SUITE 507 MIAMI, FL 33181	
City	State Zip Code FL

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 <i>Luis Vazquez</i>	Date MARCH 1, 2005
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
P/T/S/O	VAZQUEZ, LUIS	12000 BISCAYNE BLVD #507	MIAMI FL 33181

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: LUIS VAZQUEZ, PRESIDENT <i>Luis Vazquez</i>	Date MARCH 1, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # (305) 899-5099	

CR2E081 (01/05)

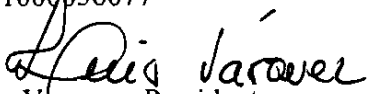
Florida Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

March 2, 2005

REINSTATEMENTS

I do hereby declare, under penalty of perjury, that I have never received the Uniform Business Report.

AIR-CONDITIONING AND REFRIGERATION INC. FEIN 65-1098952
P 01000036077


Luis Vazquez, President