

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

06 NOV 16 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 0206

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000058932

1. Corporation Name  
Miami Air Cool Inc.

2. Principal Office Address <u>221 NE 174th St</u> Suite, Apt. #, etc. <u>Street</u> City & State <u>North Miami Beach</u> Zip <u>33162</u> Country <u>Florida</u>		3. Mailing Office Address <u>221 NE 174th St</u> Suite, Apt. #, etc. <u>Street</u> City & State <u>North Miami Beach</u> Zip <u>33162</u> Country <u>Florida</u>	
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CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida June 13<sup>th</sup> 2001

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Reyez Steve Alf Vice President

Street Address (P.O. Box Number is Not Acceptable)  
221 NE 174th Street

Suite, Apt. #, Etc.  
North Miami Beach

City North Miami Beach State FL Zip Code 33162

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 Reyez S. Alf Date 11-15-06

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	Sersio O. Cordoba	221 NE 174th St	W. Miami Beach FL 33162
VP	Reyez Steve Alf	221 NE 174th St	W. Miami Beach FL 33162
			700081983797 11/21/06--01027--003 **500.00
			700081983797 11/21/06--01027--004 **500.00
			700081983797 11/21/06--01027--005 **358.75

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 contained in Chapter 119, 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: Reyez S. Alf Date 11-15-06 Daytime Phone # 308-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR