

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000074242



1. Entity Name
RAVEN AIRCONDITIONING AND REFRIGERATION
SERVICES, INC.

Principal Place of Business
18134 SANDY POINTE DR
TAMPA, FL 33647

Mailing Address
17808 FRUITFIELD DR
LUTZ, FL 33649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-3749250

05-06

6. Name and Address of Current Registered Agent

DELA VEGA, ROBERTO A
18134 SANDY POINTE DR
TAMPA, FL 33647

Name **ROBERTO DELA VEGA A.**

Street Address (P.O. Box Number is Not Acceptable)

14542 Beauly Cr.

City **Hudson**

FL Zip Code **32314**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roberto Vega*

President & Registered Agent

4/25/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GERMINO, EMIDIO J
STREET ADDRESS 8301 N 46TH STREET
CITY-ST-ZIP TEMPLE TERRACE, FL 336176907

Delete

TITLE D
NAME SHEILA DELA VEGA
STREET ADDRESS 14542 Beauly Cr.
CITY-ST-ZIP Hudson, FL 32314

Change Addition

TITLE D
NAME DELA VEGA, ROBERTO A
STREET ADDRESS 8301 N 46TH STREET
CITY-ST-ZIP TEMPLE TERRACE, FL 336176907

Delete

TITLE P/D
NAME DELA VEGA, ROBERTO SR.
STREET ADDRESS 14542 Beauly Cr.
CITY-ST-ZIP Hudson, FL 32314

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberto Vega*

President

4/25/06 (813)863-0763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #