PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 27 PM 2:25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087722

1. Corporation Name
AIROC CONSOLIDATORS, INC

8100 NW 29 STREET
8100 NW 29 STREET

02-04

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
8100 NW 29 STREET	8100 NW 29 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FLORIDA	MIAMI, FLORIDA
Zip 33122 Country USA	Zip 33122 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/06/01

5. FEI Number 65-1142665 ☐ 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: RICARDO BETANCOURT

Street Address (P.O. Box Number is Not Acceptable): 8100 NW 29 STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33122

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: ✓ RICARDO BETANCOURT Date: 12/16/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D,P,T,S	RICARDO BETANCOURT	8100 NW 29 STREET	MIAMI, FLORIDA 33122

800043652868
12/27/04--01031--004 **450.00

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: RICARDO BETANCOURT 12/16/04 305-592-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12128aw

AIROC CONSOLIDATORS, INC
8100 NW 29 STREET
MIAMI, FLORIDA 33122

PHONE (305) 592-8116
FAX (305) 592-6487

December 16, 2004

Florida Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

In RE: 2002-2003 and 2004 Corporate Reinstatement filing
Uniform Business Report Document # P01000087722

I met with my accountant today and he found that I had not renewed my Uniform Business Report for, the years above thru 2004. I never received the original application; please notice the change of address.

Please find enclosed a Corporation Reinstatement form and a check in the amount of $450.00 for the above years.

Due to the circumstance above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;

Ricardo Betancourt
Company President