

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000055506

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: AMAZON AIR CONDITIONING, INC.

## Current Principal Place of Business:

3168 EMERALD LANE  
NORTH PORT, FL 34286

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7156  
NORTH PORT, FL 34286

## New Mailing Address:

FEI Number: 35-2184560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESROSIERS, JOSEPH T  
3168 EMERALD LANE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: JOSEPH T. DESROSIERS

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DESROSIERS, JOSEPH T  
Address: 3168 EMERALD LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete  
Name: DRAPEAU, REJEAN V  
Address: 3171 EMERALD LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete  
Name: DESROSIERS, JENNIFER L  
Address: 3168 EMERALD LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete  
Name: DRAPEAU, MARGARET E  
Address: 3171 EMERALD LANE  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. DESROSIERS

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date