

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 9:22

DOCUMENT # 802000063523

1. Corporation Name
Air Conditioned Solution Inc

8466 NW 70 St
Miami Florida 33166

2. Principal Office Address
8466 NW 70 St

3. Mailing Office Address
Miami Florida 33166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami florida

Zip Country
33166 USA

Zip Country
33166

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
04-3703753

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
Pedro Javier Manrique

Street Address (P.O. Box Number is Not Acceptable)
8466 NW 70 St

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33166

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

REGISTERED AGENT MUST SIGN

Date 10/29/04

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
P	Pedro Javier Manrique	8466 NW 70 St	Miami Florida 33166
V.P	Pedro Gustavo Manrique	8466 NW 70 St	Miami Florida 33166

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pedro. Javier Manrique 10/29/04 (305) 597-9756

CR2E081 (01/04)