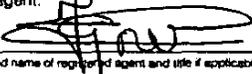
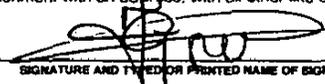


FILED
May 18, 2005 8:00 am
Secretary of State

**2004 FOR PROFIT CORPORATION
 REINSTATEMENT**

DOCUMENT # P03000072291 1. Entity Name AMTEC AIR-CONDITIONING & REFRIGERATION, INC.					
Principal Place of Business 2131 NW 139TH ST. BAY 14 OPA LOCKA, FL 33054			Mailing Address 2131 NW 139TH ST. BAY 14 OPA LOCKA, FL 33054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0063930	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOWON, TAU 517 SW 10 ST #2 HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) 500055378945 05/26/05--01065--016 **900.00 City FL Zip Code		
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:  DATE: 05/09/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	VT	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWON, TAU		NAME	GOWON, TAU	
STREET ADDRESS	517 SW 10 ST #2		STREET ADDRESS	517 SW 10th STREET #2	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTTY, MATHEW		NAME	KUTTY, MATHEW	
STREET ADDRESS	517 SW 10 ST #2		STREET ADDRESS	517 SW 10th STREET #2	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ALPHONSO		NAME	JOHNSON, ALPHONSO	
STREET ADDRESS	517 SW 10 ST #2		STREET ADDRESS	517 SW 10th STREET #2	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, CARLOS		NAME		
STREET ADDRESS	517 SW 10 ST #2		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN MARTIN, BORIS		NAME		
STREET ADDRESS	517 SW 10 ST #2		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			DATE: 05/09/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

SECRETARY OF STATE



REINSTATEMENT 04-05

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