
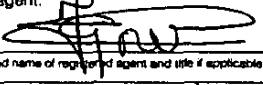
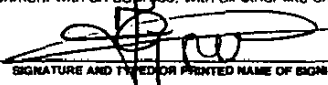


FILED
May 18, 2005 8:00 am
Secretary of State

**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		
Zip	Country	Zip	Country	4. FEI Number 20-0063930	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOWON, TAU 517 SW 10 ST #2 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 05/09/05					
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 NAME STREET ADDRESS CITY - ST - ZIP	VT GOWON, TAU 517 SW 10 ST #2 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOWON, TAU 517 SW 10th STREET #2 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUTTY, MATHEW 517 SW 10 ST #2 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUTTY, MATHEW 517 SW 10th STREET #2 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, ALPHONSO 517 SW 10 ST #2 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T JOHNSON, ALPHONSO 517 SW 10th STREET #2 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUZ, CARLOS 517 SW 10 ST #2 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAN MARTIN, BORIS 517 SW 10 ST #2 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #	