


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000025888 | |  |
| 1. Entity Name CLEAN AIR TECHNOLOGY INCORPORATED | | |

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| Principal Place of Business 9312 SW 182 STREET MIAMI, FL 33157 | Mailing Address 9312 SW 182 STREET MIAMI, FL 33157 |
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| 2. Principal Place of Business - No P.O. Box # 9312 SW 182 st | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Miami, FL | City & State SAME |
| Zip 33157 | Country U.S. |

FILED
2007 OCT 15 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-P CR2E098 (1/07)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent PYLES, RICHARD B 20343 OLD CUTLER RD. MIAMI, FL 33109 | | 7. Name and Address of New Registered Agent Name <u>Clinton C Davis</u> Street Address (P.O. Box Number is Not Acceptable) <u>9312 SW 182 st</u> <u>MIAMI</u> City <u>MIAMI</u> FL Zip Code <u>33157</u> | |
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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 Clinton C Davis DATE 10/8/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,S DAVIS, CLINTON C 9312 SW 182 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Clinton C Davis</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LUGO, BARRY 9312 SW 182 STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>X</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MONGEAU, DANIEL 9312 SW 182 STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>X</u> <input checked="" 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 |
| 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 |
| 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 exemptions contained 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 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: Clinton C Davis DATE 10/8/07 305-300-4430

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