


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|
| DOCUMENT # P05000123480                            |  |  |
| 1. Entity Name<br>J & N ROOM A/C INSTALLATION, INC |  |   |

FILED  
06 NOV 13 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
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| Principal Place of Business<br>1456 NW 81 TERRACE<br>PLANTATION, FL 33322 US | Mailing Address<br>1456 NW 81 TERRACE<br>PLANTATION, FL 33322 US |
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| 2. Principal Place of Business<br>1395 NE 33 AVE<br>Suite, Apt. #, etc.<br>#112<br>City & State<br>-- HOMESTEAD -- FL<br>Zip<br>33033<br>Country<br>Dade | 3. Mailing Address<br>1395 NE 33 AV<br>Suite, Apt. #, etc.<br>#112<br>City & State<br>-- Homestead -- Florida<br>Zip<br>33033<br>Country<br>Dade |
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|---|--|
| 4. FEI Number<br>P05000123480                             | <input checked="" type="checkbox"/> Applied For<br><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<br>ISAMBERTH, NORKA<br>1456 NW 81 TERRACE<br>PLANTATION, FL 33322 | 7. Name and Address of New Registered Agent<br>Name<br>ISAMBERTH, NORKA<br>Street Address (P.O. Box Number is Not Acceptable)<br>1395 NE 33 AVE #112<br>City<br>HOMESTEAD FL Zip Code<br>33033 |
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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 Isambert Norka (NORKA ISAMBERTH) President DATE 10/23/2006  
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<br>After January 1, 2007, Fee will be \$900.00 |
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| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>ISAMBERTH, NORKA<br>1456 NW 81 TERRACE<br>PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PRESIDENT<br>NORKA ISAMBERTH<br>1395 NE 33 AVE #112<br>HOMESTEAD - FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>CALLEIRO, JOSE<br>1456 NW 81 TERRACE<br>PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | VICE - PRESIDENT<br>CALLEIRO, JOSE<br>1395 NE 33 AVE #112<br>HOMESTEAD - FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 000081254780<br>10/26/06--01038--014 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: Isambert Norka (NORKA ISAMBERTH) President DATE 10/23/06 DAYTIME PHONE # (305) 484-6669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J & N Room A/C Installation, Inc.

1395 NE 33 Avenue #112  
Homestead, FL 33033

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November 6, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Document # P05000123480 / J & N Room A/C Installation, Inc.

To Whom It May Concern:

This letter is to request exoneration from the reinstatement fee for the 2006 annual tax filing. We did not know that such report had to be filed because this is our first corporation we have ever filed and we did not anticipate this requirement. In addition, the annual notice was sent to our previous mailing address. We have already updated our change of address with the Division.

I ask that you please consider waiving the reinstatement fee and that our corporation is reinstated with the receipt of the \$150 that was previously sent.

Thank you for your cooperation to this matter.

Sincerely,



Jose Calleiro  
President