

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000037705

FILED
May 15, 2008
Secretary of State

Entity Name: EL-E LYON AIRCONDITIONING & REFRIGERATION TECHNICIANS INC

Current Principal Place of Business:

8801 ANDORA DR.
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

8801 ANDORA DR.
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 14-1970979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOLICOEUR, DAVID
8801 ANDORA DR.
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DAVID JOLICOEUR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JEUNE, FRANC
Address: 8801 ANDORA DR.
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: JOLICOEUR, JONATHAN
Address: 8801 ANDORA DR.
City-St-Zip: MIRAMAR, FL 33025

Title: PD () Delete
Name: JOLICOEUR, DAVID
Address: 8801 ANDORA DR.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JEUNE, FRANCK
Address: 8801 ANDORA DR.
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JOLICOEUR

PD

05/15/2008

Electronic Signature of Signing Officer or Director

Date