***2007 FOR PROFIT CORPORATION** REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: HOWARD

DOCUMENT # P06000048523 FILED AMERICAN TRUST AIR AND HEAT INC. 2007 NOV - 1 AM 8: 00 Principal Place of Business Mailing Address 1485 N JOHN RODES BLVD. 1485 N JOHN RODES BLVD. SECRETARY OF STATE MELBOURNE, FL 32934 MELBOURNE, FL 32934 TALLAHASSEE, FLORIDA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10222007 REIN-P CR2E098 (1/07) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HITT, HOWARD Street Address (P.O. Box Number is Not Acceptable) 1485 N JOHN RODES BLVD. MELBOURNE, FL 32934 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition PMP TITLE TITLE Delete HITT, HOWARD NAME NAME STREET ADDRESS 1485 N JOHN RODES BLVD. STREET ADDRESS 01039 001 CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP T/S ☐ Addition TITLE ☐ Delete TITLE HITT, HOWARD NAME NAME STREET ADDRESS 1485 N JOHN RODES BLVD. STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP D TITLE Delete Change Addition HITT, HOWARD NAME NAME STREET ADDRESS 1485 N JOHN RODES BLVD. STREET ADDRESS 100112473751 CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP **288 TITLE Delete ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE REINSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 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