

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 NOV 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000152569

1. Corporation Name

J J AIR CONDITIONING CORP.

2. Principal Office Address - No P.O. Box #

2262 W 74TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS

Zip

33016

Country

MIAMI DADE

3. Mailing Office Address

2262 W 74th PLACE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS

Zip

33016

Country

MIAMI DADE

500162985445
11/20/09--01021--005 **300.00
REINSTATEMENT
CR2E081(11/09) 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-2006

5. FEI Number
208039917

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MAURICIO GUILLEN

Street Address (P.O. Box Number is Not Acceptable)
10688 NW 87th Court

Suite, Apt. #, Etc

City
Hialeah Gardens

State Zip Code
FL 33018

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Mauricio Guillen*
REGISTERED AGENT MUST SIGN

Date 11/18/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|---------------------------|
| Pr | Muaricio guillen | 10688 NW 87th Court | Hialeah Gardens, FL 33018 |
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10. E-mail Address: independenttax@hotmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Mauricio Guillen* President

Date 11/18/2009 Daytime Phone # 3058281901

11/23