PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P93000001382 2005 OCT 24 PM 3: 44 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BLUE MARLIN AIR CONDITIONING, INC. Mailing Address Principal Place of Business PO BOX 162825 9350 SW 61ST WAY MIAMI FL 33116-2825 -+0 BOCA RATON FL 33429 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 27900 Suite, Apt. #, etc. SW 16 01/08/1993 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0390005 City & State Homestand Florido City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 9350 SW 618T WAY #D BOCA RATON FL 33428 **PSTD** BISKUP, SCOTT M 00 SW1640 Homestead Fla 4/28/03 01022 0021 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ROCKMAN, LOUIS M 8500 SW 92 ST SUITE 106 MIAMI FL 33156 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

11. I certify that I am an officer or director or the receiver or rustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SUSHING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/20/05 305273-0375 Date Daytime Phone # 127

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