PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION' Sandra B. Mortham FOR Secretary of State REINSTATEMENT 98 MAR 31 M110: 37 DIVISION OF CORPORATIONS 93000012639 DOCUMENT # SECTION STATE STATE
TALLA LISAH, STATE 1. Corporation Name Electric BlizzARD Air Conditioning Inc. Principal Place of Business Mailing Address 5888 86 175+ 58888W17H MIAMI, FL 33155 MiAMI, FL 33155 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0384208 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country 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 Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip ternander 5821 SW 20 St 000002477130-\_5 -04702798 -- 01082 <del>-- 016</del> \*\*\*1050.00 \*\*\*\*1050.66 REINSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name DIOS DAIDO YOSE TERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 5888 SW 1781 Suite, Apt. #, Etc. MiAMI, FC 33155 State Zip Code FL 10. I, being appointed peration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature et Registered Agent \_ REGISTERED AGENT MUST SIGN Date \_\_ Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) No L Yes I 12. 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 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 signature shall have the same legal effect as if made under oath. TERNANDEZ 3.26.98 (3.5)263-9713

SIGNATURE: