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| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>                                                                                                                                              | <b>FLORIDA DEPARTMENT OF STATE</b><br>Jim Smith<br>Secretary of State<br>DIVISION OF CORPORATIONS | DO NOT WRITE IN THIS SPACE<br><br><div style="text-align: right; font-size: small;">97 OCT -1 AM 9:30</div> |
| Read Instructions on Other Side Before Making Entries<br><b>Make Check Payable To: Department of State</b>                                                                                |                                                                                                   | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div>               |
| 1. Name and Mailing Address of Corporation: <b>DOCUMENT # 94300003885</b><br><b>Ventilation Industries, Inc.</b><br><b>3014 N.W. 25th Avenue</b><br><b>Pompano Beach, FL 33069</b>        |                                                                                                   |                                                                                                             |
| 2. If Address in Block 1 is incorrect in any way, enter the correct address below. The name of the corporation can be changed only by filing an amendment.<br><b>TALLAHASSEE, FLORIDA</b> |                                                                                                   |                                                                                                             |
| Address<br><br>Address<br><br>City and State<br><br>Zip Code                                                                                                                              |                                                                                                   |                                                                                                             |

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| 3. Date Incorporated or Qualified To Do Business in Florida | 4. FEI Number<br><b>65-0418757</b> | FEI Number Applied For<br><br>FEI Number Not Applicable | 5. <b>\$8.75 Additional Fee required for a Certificate of Status</b><br>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |
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| 6. Names and Street Addresses of Each Officer and/or Director |                                     |                                                                                       |                         |
|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------|-------------------------|
| 1 Title                                                       | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City and State        |
| P/VP/<br>S/T                                                  | Frank Cuevas                        | 3014 N.W. 25th Avenue                                                                 | Pompano Beach, FL 33069 |
|                                                               |                                     |                                                                                       |                         |
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 JB  
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| REGISTERED AGENT INFORMATION                                                                                                         | 8. Name and Address of New Registered Agent and/or Office                                                                                                                         |
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| 7. Name and Address of Current Registered Agent<br><br><b>Frank Cuevas</b><br><b>8421 N.W. 41st Street</b><br><b>Davie, FL 33028</b> | Name<br><br>Street Address (Do NOT Use P.O. Box Number)<br><br>Street Address (Do NOT Use P.O. Box Number)<br><br>City and State<br><div style="text-align: right;">FL.</div> Zip |

|                                                                                                                                                                                   |      |
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| 9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.<br>Signature of Registered Agent | Date |
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| 10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)                                                                |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) |

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| 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director<br>Date <b>9-26-97</b> Daytime Phone # <b>(951) 968-2220</b> |
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CP2E040 (8/92)