

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 MAY 18 PM 4:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000048541
 1. Corporation Name PRO-TECH AIR CORPORATION

2. Principal Office Address 5962 SW 44ST DAVIE FL 33314
 Suite, Apt. #, etc. _____

3. Mailing Office Address 5962 SW 44ST
 Suite, Apt. #, etc. _____

City & State DAVIE FL
 Zip 33314 Country USA

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 Zip 33314 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1993

5. FEI Number 650428224 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 EDWARD WEINER 600004416736-3
 Street Address (P.O. Box Number is Not Acceptable) 5962 SW 44ST -05/13/01-01005-015
 Suite, Apt. #, Etc. _____ ****308.75 ****308.75

City DAVIE State FL Zip Code 33314

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 [Signature] Date 4/26/01
 REGISTERED AGENT MUST SIGN

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
President	EDWARD WEINER	5962 SW 44 ST	DAVIE FL 33314

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10. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: EDWARD WEINER [Signature] 4/26/01 (954)474-8653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)