PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

02 FEB - 1 AM 9: 35

ECHETARY HIE STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000041138

1. Corporation Name DICK SMITH AIR CONDITIONING, & IREFRIGERATION, INC.

3. Mailing Office Address
1001 Old Okeechobee Rd.
Suite, Apt. #, etc.
N/A
City & State

200004915492--3 -02/13/02--01071--016 *****458.75 ****458.75

West-Palm-Beach, FL 33401

7. Name and Address of Current Registered Agent

To Do Business in Florida 05/27/1994 5. FE! Number Applied For

65-0493148

4. Date Incorporated or Qualified

Not Applicable

CERTIFICATE OF STATUS DESIREDXX Palm Beach

\$8.75 Additional Fee required for a Certificate of Status

West-Palm-Beach, FL-

SMITH, WILLIAM B.

Country

Palm Beach

Street Address (P.O. Box Number is Not Acceptable)

1001 Old Okeechobee Road,

Suite, Apt. #, Etc.

West Palm Beach.

State

Zip Code 33401

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

33401

REGISTERED AGENT MUST SIGN

Date January 30, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director Smith, William B. (D) 4687 Foxview Place, Pres. Lake Worth, FL 33467 V/Pre.Smith, Kathy K. (D) 4687 Foxview_Place, Lake_Worth, FL _33467

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 on

SIGNATURE: WilliamiB% Smith

illiamiB: Smith William / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andenuary 30, 02 561-835-9655

Daytime Phone #





AIR CONDITIONING & REF., INC. "Quality Service - Customer Satisfaction"

1001 OLD OKEECHOBEE RD. • WEST PALM BEACH, FL 33401 • PHONE 561-835-9655 • FAX 561-835-9525

January 30, 2002

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32314

Re: Reinstatement of Corporation

Dear Sir:

Please take note of our check#6198 in the amount of \$458.75, per your instructions, along with the Corporation Reinstatement Form, duly signed and dated, January 30, 2002. This payment is for the years, 2000, 2001 and 2002.

I am requesting that you waive the reinstatement fee due to the fact that a filing report was not sent to the business. When the 1999 report was filed, a change of address was noted and highlighted on the form, but was not noted by your department and changed in your computer. Since we always received a renewal, I did not realize our filing was due. Your office sent a letter-form dated, May 19, 2000 to me. I filled in all the pertinent information and returned the form to your office, June 07, 2000. (Copy enclosed for your perusal).

I am sending this by Federal Express, today, and would very much appreciate a prompt reinstatement. In I have encluded the \$8.75 additional fee for a Certificate of Status. Please let me express my appreciation for all the help I received when I telephoned your office.

Sincerely,

DICK SMITH AIR COND. & REF., INC.

Barbara A. Smith, Office Manager

Enc. Check#6198 and Corporation Reinstatement Form.
Please be advised that all Corporate Filings, both state and federal have been filed on time for each year and no money is owed.