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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 NOV -6 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040394

1. Corporation Name
Air-O-Cooling & Heating Systems, Inc

2. Principal Office Address 7214 cypress lake dr		3. Mailing Office Address PO box 789	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Odessa		City & State Odessa, FL	
Zip Florida	Country USA	Zip 33556	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **05/19/1995**

5. EEL Number **593316294** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
JOHN F KURSCH

Street Address (P.O. Box Number is Not Acceptable)
7214 cypress lake dr

Suite, Apt. #, Etc.

City
Odessa

State
FL

Zip Code
33556

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 _____ Date _____

REGISTERED AGENT MUST SIGN

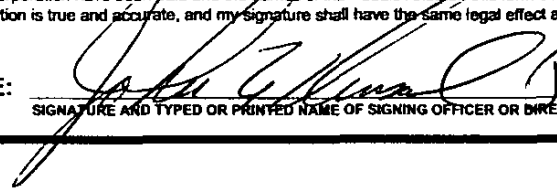
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN F KURSCH	7214 cypress lake dr	Odessa, FL 33556

500091855245
11/14/06--01063--003 **900.00

REINSTATEMENT 05-06

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 contained in Chapter 119, 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:  **JOHN F KURSCH** Date **11/1/06** Daytime Phone # **813 972-9449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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AIR-O COOLING & HEATING SYSTEMS

PO BOX 789
ODESSA, FL 33556
813-972-9449
813-926-8401FAX
Airogirl33@aol.com

November 1, 2006

TO: Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

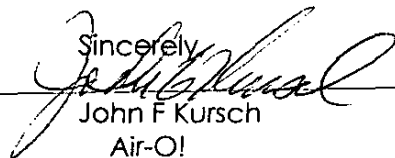
To Whom It May Concern:

Please find enclosed two reinstatement requests for Dissolved Florida Corporations. We unfortunately did not receive any notices to provide annual reports or to renew at our home or any other location. Both corporations were previously reinstated in 2003 by our attorney and at that time we incurred large fees. It is unclear if the wrong address was an oversight by our attorney at the time of reinstatement or if they had always been wrong. I am enclosing a copy of my driver's license in hopes that you will review the address and possibly waive the large reinstatement fees. If you check, our home address is Odessa, your records show the address as Lutz. We did make the necessary corrections on the new reinstatement application to ensure that this will not happen again. In light of the fact that we did pay such high fees in 2003 we were hoping that you can take pity on us this time and know that we promise we have learned our lesson.

When I spoke to Kathy today, who was very pleasant & helpful, she said that the application would be reviewed. Please feel free to call my office or email us at airogirl33@aol.com should you have any questions or need more information.

Thanks in advance for your consideration and help in this matter.

Sincerely,



John F. Kursch
Air-O!