


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 996-95433

1. Corporation Name

P.M.S. A/C, INC.

REINSTATEMENT 03-04

2. Principal Office Address 3575 BROKEN WOODS DR		3. Mailing Office Address P.O. BOX 8101	
Suite, Apt. #, etc. # 503		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL.		City & State CORAL SPRINGS, FL.	
Zip 33065	Country BROWARD	Zip 33075	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida NOV 18 / 96	
5. FEI Number 65-0717810	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JORGE FAJARDO	
Street Address (P.O. Box Number is Not Acceptable) 10926 WINDING CREEK WAY	
Suite, Apt. #, Etc.	
City BOCA RATON	State FL
Zip Code 33428	

700031067737  
03/24/04--01032--014 \*\*808.75

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

George Fajardo

REGISTERED AGENT MUST SIGN

Date

3-22-04

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	JORGE FAJARDO	10926 WINDING CREEK WAY	BOCA RATON FL. 33428

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:

George Fajardo, JORGE FAJARDO

Date

3-22-04

Daytime Phone #

(954) 709-3595 Cell.

CR2E081 (01/04)

March 22, 2004

Ms Tina Roberts  
Document Specialist  
(850) 245-6059.

Florida Department of State, Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl. 32314  
Reinstatements Department

SUBJECT: P.M.S A/C, INC  
Ref. Number: P96000095433

Dear Ms Roberts:

This letter is to inform you that I never received the original/second notice uniform business report (UBR) due to my change of address following my separation & divorce.

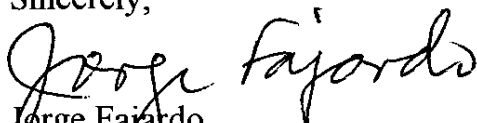
I did report my change of address on time. Respectfully, I do request a waiver of the reinstatement fee in the amount of \$600.00. Included is a check for \$308.75. (Certificate of Status, \$8.75).

Principal Address: 3575 Broken Woods Dr. # 503  
Coral Springs, Fl. 33065

Mailing Address: P.O. BOX 8101  
Coral Springs, Fl. 33075

I greatly appreciate the attention to this matter.

Sincerely,

  
Jorge Fajardo  
President, P.M.S. A/C, INC.