PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **Katherine Harris** FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 OCT 26 AM 11: 15 P98000099110 **DOCUMENT#** 1. Corporation Name TECHNICAL AIR SYSTEMS, INC. Princip I Place of Business Mailing Address FT. LAUDERDALE PL 33312 FT. LAUDERDALE PL 33312 REINSTATEMENT 99 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 5923 AVGLECS RIVE 3. New Mailing Office Address, if Applicable Date Incorporated or Qualified To Do Business in Florida 11/16/1998 uite, Apt. #, et 5. FEI Number Applied For 65-0883369 FL Not Applicable \$8.75 Additional Fee required for a Certificate of Status County A-CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 5923 ANKLESS AVE, #G6 MICHAEL TYLICKI DAWIA FL 333/2 **4000030**360**74**--3 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SOULE, JAMES L Street Address (P.O. Box Number is Not Acceptable) 7515 W. OAKLAND PARK BLVD., STE. 100 FT. LAUDERDALE FL 33319 Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>ZO, 1990</u> REGISTERED AGENT MUST SIGN 11. 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 filling 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. 10/21/99 (954) 989-6/22 Daytime Phone # AD

SIGNATURE: - 1100