

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 MAY -3 PM 1:28

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # V68557

1. Corporation Name

Airco International Inc.

000003263000--6
-05/23/00--01033--020
***1350.00 ***1350.00

2. Principal Office Address

P.O. Box 520815

3. Mailing Office Address

P.O. Box 520815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

FL 33152

Zip

33152

Country

USA

Zip

33152

Country

USA

REINSTATEMENT 06-18

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0369938

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

Louis C. Romero

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

9455 W Flagler St #404

Suite, Apt. #, Etc.

404

City

Miami

State

FL

Zip Code

33174

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]

REGISTERED AGENT MUST SIGN

Date

4/27/00

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
<u>P/D</u>	<u>Louis C. Romero</u>	<u>9455 W Flagler St #404</u>	<u>Miami - FL 33174</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

KE

CR2E081 (9/99)