

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 DEC 31 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G89250**

1. Corporation Name

**C & H HEAT & AIR INC.**

Principal Place of Business

FRANK L. COTTON, JR.  
CORRAL ST., P.O. BOX 3009  
BELLEVUE FL 34421  
US

Mailing Address

FRANK L. COTTON, JR.  
CORRAL ST., P.O. BOX 3009  
BELLEVUE FL 34421  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/1984

5. FEI Number

59-2307658

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| VPD           | COTTON, JR., FRANK L.                     | P.O. BOX 3009 N/A                                                                              | BELLEVUE FL             |
| STD           | COTTON, SHIRLEY                           | P.O. BOX 3009 N/A                                                                              | BELLEVUE FL             |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |

7000002391247-31  
-01/06/98--01074--001  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

COTTON, JR., FRANK L.  
CORRAL STREET  
P.O. BOX 3009  
BELLEVUE FL 34421

9. Name and Address of New Registered Agent

Name

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

8375 SE 135 ST

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

34491

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/7/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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: Shirley Cotton]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-97

Daytime Phone #

352-  
245-  
5946

CR2E04G (8/97)