	PLEASE READ	ALL INSTRUCT	TIONS	REFORE (	OMPLET	ING THIS FORM	) 
PLEASE READ ALL INSTRUCTION  APPLICATION  FOR  REINSTATEMENT  PLEASE READ ALL INSTRUCTION  FLORIDA DEPARTION  Katherine  Secretary  DIVISION OF COR				NT OF STATE arris tate	1		
DOCUMENT # L89765  1. Corporation Name					1,	OI OCT 22 PM 6: 17	
TURN	ER COOLING & HEATIN	G, INC.					]
Principal Pl	ace of Business	Mailing Address	ress				
	STREET WEST IN FL 34205	1417 27TH STREET WES BRADENTON FL 34205	ADENTON FL 34205			1   1   1   1   1   1   1   1   1   1	
	ddresses are incorrect in any way, line thro	ough incorrect information	and enter o	REIN	STATI	ement <u>o</u> d-0	1
2. New Pri	ncipal Office Address, If Applicable	New Mailing Office A	New Mailing Office Address, If Applicable			orated or Qualified ness in Florida 07/12/1990	١
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	i, Apt. #, etc.			Applied For	ı
City & State		City & State				65-0205176 Not Applicable	- 1
Zip Country		Zip Country			6. CERTIFICATE	E OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status	ļ
7. Names a	and Street Addresses of Each Officer and/o	or Director (Florida nonpro	ofit corporat	tions must list at lea	est 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P	TURNER, RICHARD		1417 27TH STREET WEST			BRADENTON FL 34205	1
ST	TURNER, ROBIN 1417 27		27TH ST WEST			BRADENTON FL 34205	
wh.	wh of					<u></u>	r V
		<u> </u>			80	)00046792885	l
						-11/14/0101086005 ***1050.00 ***1050.00	İ
,				-			1
	8. Name and Address of Current R	egistered Agent		Name	9. Name and A	Address of New Registered Agent	1
Turner, Richard 1417 27th Street West				Street Address (P.O. Box Number is Not Acceptable)			-
BRADENTON FL 34205				Suite, Apt. #, Etc.			ı
				City		State Zip Code	1
=	appointed the registered agent of the above	e named corporation, am t	familiar with	h and accept the ob	oligations of Section	on 607.0505, F.S.	1
Signature of Registered A	Agent	SISTERED AGENT MUST	T()()	IKED		Date	j

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 - 15 - 01 (941) 745-1650