PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064071

1. Corporation Name

GULF COAST HEATING & COOLING, INC.

Principal Place of Business	Mailing Address
6748 FLORIDA AVENUE NEW PORT RICHEY FL 34653	6748 FLORIDA AVENUE NEW PORT RICHEY FL 34653

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/2001

5. FEI Number: 59-3728819 ☐ 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BENZON, MICHAEL	6748 FLORIDA AVENUE	NEW PORT RICHEY FL 34653
~~VPSD~~	~~BENZON, JUDY L~~	~~6748 FLORIDA AVENUE~~	~~NEW PORT RICHEY FL 34653~~
	NO LONGER IN THE CORPORATION		
			000023805580 10/15/03--01022--031 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BENZON, JUDY L~~ Michael Benzon 6748 FLORIDA AVENUE NEW PORT RICHEY FL 34653	Name: Michael Benzo Street Address (P.O. Box Number is Not Acceptable): 6746 Fl Ave Suite, Apt. #, Etc.: N/A City: N.P.R. State: FL Zip Code: 34653

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 10-8-2003
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 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] 10-8-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #