PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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20		4 \	FLORIDA DEPARTMENT OF STATE		FILED OI FEB 15 PM 4: 26			
	RPORATION (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Katherine Harris Secretary of State						
	UBR	•/	DIVISION OF CORPORATIONS					
	DOCUMENT # P96000040563			1	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	,	- statue of Co	ital Askida,	1	•			
MAM	ration Name Istrong AIR Conditioning		Inc					
2. Princip	pal Office Address	3. Mailing Office Address		-				
	Mabure Road							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			porated or Qualified			
City & State	ie	City & State		To Do Busir	iness in Florida May 6	1996		
Ococe, Fr			,		337 % 32	Applied For Not Applicable		
zip 3476	Country	Zip	Country	6.	\$8.75 A	Additional Fee required		
		7. Name and Add	dress of Current Register	<u> </u>	10) 2	Certificate of Status		
	Name / /							
	Street Address (P.O. Box Number is I				000038183	3191		
217 K1/149/On COURT Suite, Apt. #, Etc.					03/08/0101	1019017 ****300.00		
		W-A-				本本本の の とは4 00		
	CityORLAND		···		State Zip Code FL 32835			
B. I, being	g appointed the registered agent of the ab	sove named corporation, am fam	niliar with and accept the of	bligations of section	on 607.0505 or 617.0503, F.S.			
Signature o Registered	d Agent	2/12			Date 7 - /2	-0)		
		REGISTERED AGENT MUST SK		9.70				
9. Names Titles	s and Street Addresses of Each Officer ar Name of		corporations must list at lea Street Address of Each		07.10			
11000	Officers and/or Directors		Officer_and/or_Director		City / State / Z	Zip		
res.	PAUL L Richard	's 217 K	dlugton Court	_	OHando, A. 3.	2835		
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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 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

Date



ARMSTRONG

CORPORATE OFFICE

328 Maguire Road • Ocoee, FL 34761 Tel: (407) 877-8090 • Fax: : (407)-877-8479

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To Whom It may concern,

Enclosed you will find our corporation form completed for the year 2000. We are asking you to waive the late filing fees and penalties due to the following explanation. On October 28 1999 we called to advise you of a change of address at this time we were under the impression it was taken care of. We Called on February 17 2000 to notify you that we had not received the renewal at that time we were told that we should receive the renewal within two weeks we never did. We would request that you review your records to confirm our communication with your office.

Sincerely yours,

Paul L.Richards