

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 NOV 25 PM 1:52

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # L00020**

TROPICAL HEAT AIR CONDITIONING INC
8084 W 21st COURT
SUITE # 10- C
HIALEAH FL 33016
US

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

07-05-1989

4. FEI Number

65-0128185

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
DPS	ALFARO MIGUEL A.	7146 W 30th AVE	HIALEAH FL 33016
			500002701145 6
			-12/03/98-01009-015
			***1058.75 ***1058.75
			96-98
			96 11-25-98

REINSTATEMENT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DIXON, MONROE
5911 BIRD ROAD
MIAMI, FL 33155

8. Name and Address of New Registered Agent and/or Office

Name

MIGUEL A. ALFARO

Street Address (Do NOT Use P.O. Box Number)

7146 W. 30th AVE

Street Address (Do NOT Use P.O. Box Number)

City and State

HIALEAH

Zip

FL.

33016

9. 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

Date 11-24-98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 11-24-98

Daytime Phone # (305) 827-6662

Typed or printed name of signing officer or director

MIGUEL A. ALFARO

CR2000 (8/92)