2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023107

1. Entity Name
ACCURATE AIR CONDITIONING, HEATING, AND REFRIGERATION, INC.

FILED
09 OCT 26 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
450 DISTRUBUTION DR. SUITE PMB # 125 MELBOURNE, FL 32904	PO BOX 320624 COCOA BEACH, FL 32932

07132009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
450 Distribution Dr	P.O. Box 320624
Suite, Apt. #, etc. Suite P.M.B 125	Suite, Apt. #, etc.
City & State Melbourne Fl.	City & State Cocoa Bch Fl
Zip / Country 32904 / Brevard	Zip / Country 32932 / U.S.A

4. FEI Number
37-1464622

☐ Applied Fo
☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOLL, MICHAEL R
450 DISTRIBUTION DR.
SUITE PMB 125
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.

SIGNATURE Michael R Stoll 8/12/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., th corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOLL, MICHAEL R DISTRIBUTION DR. MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad 500162148715 10/26/09--01022--004 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direc of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

Michael R Stoll 8/12/09