

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

FILED
Mar 11, 2002 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 205676

1. Corporation Name

RAY BOONE AIR CONDITIONING, INC.

2. Principal Office Address

11041 SW 77th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33156

Country

US

3. Mailing Office Address

19815 SW 88th COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

US

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
 To Do Business in Florida**

9/06/1957

5. FEI Number

59-0824960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required
 for a Certificate of Status**

7. Name and Address of Current Registered Agent

000005139930-1

Name

THACKER C. BOONE

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

19815 SW 88th COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Thacker C. Boone

REGISTERED AGENT MUST SIGN

Date **3/4/2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	THACKER C. BOONE	19815 SW 88th COURT	MIAMI, FLORIDA 33157
SD	RAYMOND C. BOONE	11041 SW 77th AVENUE	MIAMI, FLORIDA 33156

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 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:

Thacker C. Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

305-663-6261

Daytime Phone #

CR2E081 (9/99)