


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **357283**

1. Corporation Name

HAMMOND HEATING & AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

3412 GALILEE ROAD
JACKSONVILLE FL 32207
US

3412 GALILEE ROAD
JACKSONVILLE FL 32207
US

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

12/30/1969

5. FEI Number

59-1280634

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCEV	HAMMOND, DON E	4980 PALM VALLEY RD	PONTE VEDRA BCH FL
ST	HAMMOND, PATSY P.	4980 PALM VALLEY RD	PONTE VEDRA BCH FL
P	HAMMOND, MIKE, W	5020 PALM VALLEY RD LOT E	PONTE VEDRA BEACH FL

600003441856--0

-10/27/00--01025--006

*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMMOND, DON E
4980 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent


SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-17-00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00 904-398-6488

Date

Daytime Phone #

HAMMOND Heating and Air Conditioning, Inc.

10/17/00

Division Of Corporations:

To whom this may concern,

On 10/16/00 I received an Application For Reinstatement. I have received no other notice. I called 1-850-487-6059 and spoke to them. They said to write yall a letter stateng just that and request that the late charges be waved. Also that the fee was 150.00.

Enclosed is a check for the fee.

Thank You,

Mike Hammond

