

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Key West  
Secretary of State  
DIVISION OF CORPORATIONS

FILED 192  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 17 PM 5: 57

DOCUMENT # 357283

1. Corporation Name

HAMMOND HEATING & AIR CONDITIONING, INC.

Principal Place of Business

3412 GALILEE ROAD  
JACKSONVILLE FL 32207  
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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
			7000004657837--6 -10/29/01--01084--015 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-15-01

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:

Mike Hammond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01

Daytime Phone #

CR2E040 (8/01)

3412 GALILEE ROAD  
JACKSONVILLE, FLORIDA 32207

(904) 398-6488  
FAX (904) 396-5323

HAMMOND Heating and Air Conditioning, Inc.

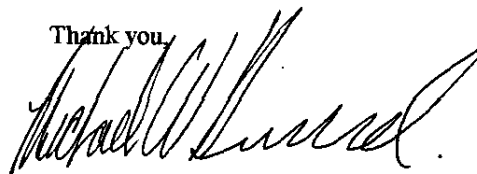
292

10/15/01

To whom this may concern,

We never received the notice for the reinstatement fee or application. I called your department and was told to send the application and the standard fees along with the application.

Thank you,



Michael W. Hammond