

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BRUNO'S AIR CONDITIONING, INC.

REINSTATEMENT

22-03

200024173662  
10/27/03--01109--018 \*\*900.00

2. Principal Office Address

1253 A. OLD OKEECHOBEE

Suite, Apt. #, etc.

UNIT A-6

City &amp; State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

3. Mailing Office Address

1253 A. OLD OKEECHOBEE

Suite, Apt. #, etc.

UNIT A-6

City &amp; State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

08-08-1971

5. FEI Number

591635900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

FRAGIACOMO, ANTHONY

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

1253 A. OLD OKEECHOBEE

Suite, Apt. #, Etc.

A-6

City

WEST PALM BEACH

State  
FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

8/15/03

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
P, T, S	FRAGIACOMO, ANTHONY	201 Bunker-Ranch Road	West Palm Beach, FL 33405
D	FRAGIACOMO, ANTHONY	201 Bunker Ranch Road	West Palm Beach, FL 33405

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

561-5474548

Daytime Phone #

gr 10/25