PLEAS	E READ ALL INS	TRUCTIONS B	EFORE C	OMPLETI	NG THIS FO	RM.	
APPLICATION "FOR! REINSTATEMENT		A DEPARTMENT Glenda E. Hood Secretary of Stat IVISION OF CORPORATION	d te		FILED		
DOCUMENT # 460022 1. Corporation Name TRUE TEMP, INC.				O3 OCT 15 AM 9: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
216 SO. 6TH STREET LEESBURG FL 34748 LEE JS US If above addresses are incorrect in any way, line through in		gh incorrect information and enter correction below.		REINSTATEMENT			
Suite, Apt. #, etc. City & State City & State		Mailing Office Address, If Applicable pt. #, etc. tate		5. FEI Number 59-1697587			Applied For Not Applicable
Zip Country Zip		Country		-	OF STATUS DESIRED [\$8.75 Addition for a Certific	nal Fee require cate of Status
7. Names and Street Addresses of E	ach Officer and/or Director (FI	orida nonprofit corporation	ns must list at lea	st 3 directors)			
Title(s) 1 Name of Officers and/or Directors 1		Street Address of Each Officer and/or Director			City / State / Zip		
PST BOYD, RANDALL C J	216 SOUTH 6TH STREET		_	LEESBURG FL 34748			
				3104 1071570	30238 <u>0</u> 4 330100700	4493 08 **150.	00
8 Name and Addr	ess of Current Registered Ag	ent		9 Name and A	ddress of New Regis	tered Agent	
BOYD, RANDALL C JR 216 SOUTH 6TH STREET LEESBURG FL 34748	5	Name Street Address (P Suite, Apt. #, Etc.	•	s Not Acceptable)	State Zip Code	е	
10. I, being appointed the registered a	agent of the above named corp		and accept the ob	oligations of Section	on 607.0505, F.S. or 6		

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.

REGISTERED AGENT MUST SIGN

SIGNATURE: XILL CO

0/9/03

350-787-6600



Specialists in High-Efficiency and Heat Pump Systems

October 9, 2003

To Whom It May Concern:

I am sending this letter to certify that I did not receive the original 2003 annual report form. I also did not receive any additional notification until today when I received an application for reinstatement.

I called in and spoke to Steve, who instructed me to send this letter along with the application for reinstatement and a check for \$150.00.

Should you need to speak with me or need any additional information, please call.

Sincerely,

Randall C. Boyd