

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 623089

FILED
Feb 04, 2009
Secretary of State

Entity Name: CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.

Current Principal Place of Business:

500 HIGHWAY 85 NORTH
P. O. BOX 490
NICE VILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490
P. O. BOX 490
NICEVILLE, FL 325880490 US

New Mailing Address:

FEI Number: 59-1917987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAIN, DEBORA
2416 PARKER DR
P O BOX 490
NICEVILLE, FL 32588 US

Name and Address of New Registered Agent:

CAIN, DEBORA
2416 PARKER DR
NICEVILLE, FL 32588 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORA M. CAIN

02/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTC () Delete
Name: CAIN, KENNETH
Address: 2416 PARKER DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VPTS () Delete
Name: CAIN, DEBORA
Address: 2416 PARKER DR.
City-St-Zip: NICEVILLE, FL 32578

Title: M () Delete
Name: HINTON, THOMAS G
Address: 3308 MCCLAIN DR
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORA M. CAIN

VP

02/04/2009

Electronic Signature of Signing Officer or Director

Date