

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000002427</b> 1. Entity Name <b>APPLIANCE SERVICE HEATING &amp; AIR, INC.</b>					
Principal Place of Business <b>4340 SOUTH VALLEY VIEW BLVD., SUITE 230 LAS VEGAS, NV 89103</b>			Mailing Address <b>4340 SOUTH VALLEY VIEW BLVD., SUITE 230 LAS VEGAS, NV 89103</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>77-0623752</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RATLIFF, TERRY R 849 LAKEWOOD DR. HOLLY HILL, FL 32117</b>			7. Name and Address of New Registered Agent Name <b>Ratliff, Terry R</b> Street Address (P.O. Box Number is Not Acceptable) <b>2811 Juniper Dr</b> City <b>Edgewater</b> <b>FL</b> Zip Code <b>32141</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Terry R Ratliff CPST</b> <b>Terry R Ratliff</b> <b>10-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST RATLIFF, TERRY R P.O. BOX 30610 LAS VEGAS, NV 891730610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081274526 10/27/06--01025--010 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Terry R Ratliff</b> <b>Terry R Ratliff</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>10-26-06</b> <b>396-566-3090</b> <small>Date Daytime Phone #</small>		