

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 24 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001573

1. Corporation Name

Rite Temp Air Conditioning & Heating, Inc.

2. Principal Office Address - No P.O. Box #

34 Big Bear Lane

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

USA

3. Mailing Office Address

34 Big Bear Lane

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

USA

900161247469
10/01/09--01044--010 **236.25
REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/2005

5. FEI Number
223809845

☐ 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

Fazal Mohamed

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

34 Big Bear Lane

Suite, Apt. #, Etc.

City

Palm Coast, FL

State

FL

Zip Code

32137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

900161247469
11/24/09--01040--001 **86.25

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

Date

REGISTERED AGENT MUST SIGN

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	Fazal Mohamed	34 Big Bear Lane	Palm Coast, FL 32137

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 contained in Chapter 119, 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

Date

Daytime Phone #

9/23/09 386-986-8724