

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F80077**

**1. Corporation Name**

**Air Conditioning Products Corp.**  
2200 N.W. 93rd Avenue  
Miami, FL 33160-2127

**Principal Place of Business**

2200 Corporate Blvd., N.W.  
Suite 401  
Boca Raton, FL 33431

**Mailing Address**

2200 Corporate Blvd., N.W.  
Suite 401  
Boca Raton, FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**2. New Principal Office Address, If Applicable**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. New Mailing Office Address, If Applicable**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/6/82

**5. FEI Number**

592206264

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P/D           | Hunt, Robert J.                           | 2200 Corporate Blvd., N.W.<br>Suite 401  | Boca Raton, FL 33431    |
| V             | Eder, Robert W.                           | 2200 N.W. 93rd Ave.  | Miami, FL 33172         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

**REINSTATEMENT** 95-97

62 11-4-97

**8. Name and Address of Current Registered Agent**

HCRM Corp.  
2200 Corporate Blvd., N.W.  
Suite 401  
Boca Raton, FL 33431

**9. Name and Address of New Registered Agent**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

**10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.**

Signature of  
Registered Agent HCRM Corp.

*Robert J. Hunt*  
REGISTERED AGENT MUST SIGN

Date 11/23/97

**11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒**

(See other side for information  
on intangible tax.)

**12. 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:**

*Robert J. Hunt* Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/97

Date

(561) 997-9223

Daytime Phone #

CR2E040 (12/96)