

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H51545

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** AIR CONDITIONING ASSOCIATES, INC.

**Current Principal Place of Business:**

804 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

804 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 59-2524901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KIRKPATRICK, JOHN  
804 PONCE DE LEON DRIVE  
FT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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:** JOHN KIRKPATRICK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** KIRKPATRICK, JOHN A.  
**Address:** 804 PONCE DE LEON DRIVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33316

**Title:** VT  
**Name:** KIRKPATRICK, LUCY  
**Address:** 804 PONCE DE LEON DRIVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

**SIGNATURE:** LUCY M. KIRKPATRICK

VP

01/29/2011

Electronic Signature of Signing Officer or Director

Date