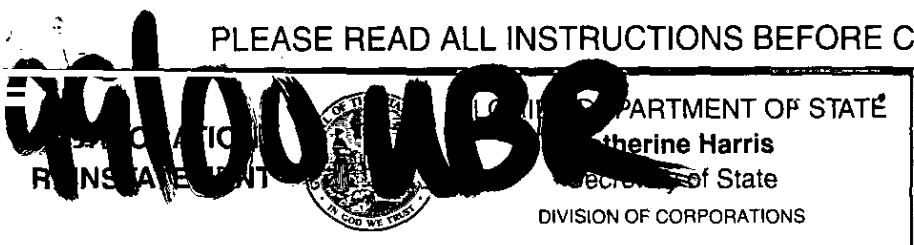


10F3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 18 PM 12:00

DOCUMENT # H 64020
1. Corporation Name
OLDSMAR AIR CONDITIONING & REFRIGERATION, INC.

2. Principal Office Address
109 Lexington St
Suite, Apt. #, etc.
City & State
Oldsmar, FL 34677
Zip
34677
Country
USA

3. Mailing Office Address
PO BOX 53
Suite, Apt. #, etc.
City & State
Oldsmar, 34677
Zip
34677
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida June 1985
5. FEI Number 59-2551438 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
PETER J. ANZALONE
Street Address (P.O. Box Number is Not Acceptable)
109 Lexington Street
Suite, Apt. #, Etc.
City
Oldsmar
State
FL
Zip Code
34677

900003343809-5
-08/02/00--01049--010
*****300.00 *****300.00

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 *Peter J. Anzalone* Date 7/12/00
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/D	Peter J. Anzalone	109 Lexington St	Oldsmar, FL 34677

900003343809-5
-08/02/00--01049--010
*****8.75 *****8.75
7/12/00

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 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: *Peter J. Anzalone* Date 7/12/00 (813) 855-5969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)

2083

OLDSMAR AIR CONDITIONING & REFRIGERATION, INC.
PO BOX 53, OLDSMAR, FL 34677
(813) 855-5969

July 12, 2000

*Division of Corporations
Reinstatement Department
PO Box 1500
Tallahassee, FL 32302-1500*

*CERTIFIED MAIL #7000 0520 0014 5251 3368
Re: Oldsmar Air Conditioning, H-64020.*

Dear Secretary of State:

This is my second request for reinstatement of my Corporation (see copies of first request enclosed).

After further investigations with another CPA Financial Advisor in Ocala, Florida, it was disclosed to me, that special consideration can be and should be made on my behalf.

When my business moved and my mailing address changed from; Jefferson St, Palm Harbor, FL to PO Box 53, Oldsmar, FL 34677 your office neglected to change my records accordingly (you were notified of this change, in writing, at that time (see copy of letter requesting the address change enclosed).

When it came time for you to send correspondence to me, as a result of your office not changing my address on file, you sent it to the wrong address and I never received it! If you check my file you will find that in fact it was sent to my prior address and not forwarded by the Post Office. Therefore, due to circumstances beyond my control, I never received the forms at all.

This error and oversight was not discovered until I voluntarily asked for my Certification of Corporation for the Contractor's Licensing Board, that's when this was disclosed by your office, to both John Smither's and myself that, your office, in fact, had sent it to the wrong address.

~~I believe there are certain laws and/or special circumstances for reconsideration of reinstatement without late penalties and fees being assessed to me and that this is one of those circumstances that qualify. This wouldn't have happened had your office changed my address as previously requested.~~

~~Therefore, I ask for your reconsideration and process the enclosed check #7183 as payment in full in the amount of \$300.00 to cover the 1999 and 2000 reports. Also find enclosed check # 7184 in the amount of \$8.75 for certificate of status after reinstatement has been completed.~~

~~In addition I have completed forms 201: COR Profit A/R and 203: Reinstatement (Corp.) to expedite matters in processing the reinstatement.~~

~~Please also make sure my record of address is PO Box 53, Oldsmar, FL 34677 and verify that your records are now correct for all future correspondence.~~

~~Thank you in advance for your cooperation, understanding and prompt processing of my reinstatement.~~

~~If you have any questions or need further information please do not hesitate in contacting me at (813) 855-5969 or at the above address.~~

Sincerely,



Peter J. Anzalone
President

Enclosures