

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 9:57

DOCUMENT # H70616

1. Corporation Name

D.A. LINDSEY AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

P O BOX 2269
PALM CITY FL 34990
US

P O BOX 2269
PALM CITY FL 34990
US



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

2789 Florida Mango Rd.

Suite, Apt. #, etc.

APT. 314

City & State
LAKE WORTH, FL

Zip
33461

Country
U.S.

3. New Mailing Office Address, If Applicable

2789 Florida Mango Rd.

Suite, Apt. #, etc.

APT. 314

City & State
LAKE WORTH, FL

Zip
33461

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1985

5. FEI Number

59-2569179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LINDSEY, DAVID A.	1162 SW KEATS AVE 2789 Florida Mango Rd. Apt. 314	PALM CITY FL LAKE WORTH, FL 33461

800004657978--7
-10/29/01--01094--017
****758.75 ****758.75

8. Name and Address of Current Registered Agent

LINDSEY, DAVID A.

1162 SW KEATS AVE
PALM CITY FL 34990

2789 Florida Mango Rd
APT 314
LAKE WORTH, FL 33461

9. Name and Address of New Registered Agent

Name

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

2789 Florida Mango Rd.

Suite, Apt. #, Etc.

APT. 314

City

LAKE WORTH, FL

State

FL

Zip Code

33461

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/01

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

Date

561-793-8396

Daytime Phone #

CR2E040 (8/01)