

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H70616

1. Entity Name
D.A. LINDSEY AIR CONDITIONING, INC.



Principal Place of Business
4681 EVANS LN
WEST PALM BEACH, FL 33416 US

Mailing Address
PO BOX 21395
LAKE WORTH, FL 33461 US

FILED

05 MAY -2 PM 5:49

SECRETARY OF STATE
TALLAHASSEE



04302005 REIN-P CR2E098 (6/04)

2. Principal Place of Business
4681 EVANS LN.

3. Mailing Address
PO BOX 21395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33415

Country
U.S.
PALM BEACH

Zip
33416

Country
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, DAVID A
4681 EVANS LANE
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LINDSEY, DAVID A
4681 EVANS LANE
WEST PALM BEACH, FL 33415 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400054670514
05/17/05--01036--006 **\$300.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LINDSEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 561-683-2565

Date

Daytime Phone #