

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 3:04

DOCUMENT # **H90635**

1. Corporation Name

LAKESIDE AIR CONDITIONING, INC.

2. Principal Office Address
6555 U.S. 27 South

Suite, Apt. #, etc.

City & State
Sebring, FL

Zip
33870

Country
US

3. Mailing Office Address
6555 U.S. 27 South

Suite, Apt. #, etc.

City & State
Sebring, FL

Zip
33870

Country
US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** **3/14/73**

5. FEI Number
59-1511338

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
Danny R. Hammock

Street Address (P.O. Box Number is Not Acceptable)
6555 U.S. 27 South

Suite, Apt. #, Etc.

City
Sebring,

State
FL

Zip Code
33870

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

[Signature]

Date

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
EVSTD PSID	Danny Ray Hammock	6555 U.S. 27 South	Sebring, FL 33870

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******900.00 ****900.00**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-385-5806

Date

Daytime Phone #

AD