PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
01 AUG 28 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31699

1. Corporation Name

HVAC SERVICES, INC.

400004572474--3
-09/06/01--01046--023
***1508.75 ***1508.75

2. Principal Office Address		**3.** Mailing Office Address	
1312 LOVERS LANE		P.O. Box 2744	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
THOMASVILLE, GA		THOMASVILLE, GA	
Zip	Country	Zip	Country
31792	USA	31799-2744	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/29/1986

5. FEI Number 58-1851478 ☐ 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: WILMER H. MITCHELL

Street Address (P.O. Box Number is Not Acceptable): 130 EAST GOVERNMENT STREET

Suite, Apt. #, Etc.:

City: PENSACOLA State: FL Zip Code: 32501

REINSTATEMENT 96-01

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: Wilmer H. Mitchell WILMER H. MITCHELL Date 8/16/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
PD	THOMAS GREGORY LANG	1312 LOVERS LANE	THOMASVILLE, GA 31792
	REINSTATEMENT 96-2001 GK		

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: THOMAS GREGORY LANG 8/28/01 229/226-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #