PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

K55399

1. Corporation Name

AUSTIN & BARNETT HEATING & COOLING, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 211 8 FLORIDA AVE 211 S FLORIDA AVE PO BOX 531 PO BOX 531 LAKELAND FL 33801 LAKELAND FL 33801 US If above addresses are incorrect in any way, fine through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 01/03/1989 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-2921156 City & State Not Applicable Zip Country Zip \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip D STEWART, JIMMY V. 211 SOUTH FLORIDA AVE LAKELAND FL 800002393278---01/07/98--01104--020 ****750.00<u>*</u>****750.00_ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name .STEWART, JIMMY V. Street Address (P.O. Box Number is Not Acceptable) 211 SOUTH FLORIDA AVENUE LAKELAND FL 33801 Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, any lamiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Kewai

12. 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.

Yes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

REGISTERED AGENT MUST SIGN

FILED

98 JAN -5 PM 1:27

Daytime Phone #

(See other side for information

on Intangible tax.)