

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV -3 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L030000051257**

1. Limited Liability Company's Name

**Otto Air Conditioning and Heating LLC**

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

**5845 Carol Rose Lane**

Suite, Apt. #, etc.

City & State

**Crestview**

Zip

**32539**

Country

**Okaloosa**

3. Mailing Office Address

**5845 Carol Rose Lane**

Suite, Apt. #, etc.

City & State

**Crestview**

Zip

**32539**

Country

**Okaloosa**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified

To Do Business in Florida **12-08-2003**

6. FEI Number

**20-0464338**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**Samuel Otto**

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

**5845 Carol Rose Lane**

Suite, Apt. #, Etc.

City

**Crestview**

State

**FL**

Zip Code

**32539**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Samuel Otto Jr.*  
REGISTERED AGENT MUST SIGN

Date

**10/29/09**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Samuel Otto III	1046 Lighthouse Church Rd	Crestview, FL 32539
MGRM	Samuel Otto Jr	5845 Carol Rose Lane	Crestview, FL 32539
		<b>S. HAWKES</b>	<b>600162418488</b>
		<b>NOV - 4 2009</b>	<b>11/02/09-01063-010 **158.75</b>
	<b>REINSTATEMENT</b>	<b>EXAMINER</b>	
	<b>2009</b>		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Samuel Otto Jr.*

Date **10-29-2009**

Daytime Phone # **850-758-9885**

Typed or printed name of signing Managing Member/Manager **Samuel Otto Jr**