

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV -9 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO400084453
1. Limited Liability Company's Name

Comfort Zone A/C & Heat LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 229 Wildwood Drive		3. Mailing Office Address 229 Wildwood Drive	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State Edgewater, Fl		City & State Edgewater, Fl	
Zip 32132	Country USA	Zip 32132	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/22/2004	
6. FEI Number 201902119	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Stephen W. Davis			
Street Address (P.O. Box Number is Not Acceptable) 229 Wildwood Drive			
Suite, Apt #, Etc.			
City Edgewater	State FL	Zip Code 32132	

E-mail Address:
800214154948
11/09/11-01025-003 ***377.50
N/A
(To be used for future annual report notices)

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 Stephen W. Davis Date 11-7-11
REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stephen W. Davis	229 Wildwood Drive	Edgewater, Fl 32132

REINSTATEMENT 10-11 DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Signature of Managing Member/Manager Stephen W. Davis Date 11-7-11 Daytime Phone # 386-690-9671
Typed or printed name of signing Managing Member/Manager