

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 11 AM 00:01

DOCUMENT # LU5000006406

1. Limited Liability Company's Name

Ambient Air Heat Refrigeration, LLC  
LLC

600170574506  
02/25/10--01037--013 \*\*300.00  
CR2E041 (11/09)

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

264 SE Chaney Glen

Suite, Apt. #, etc.

DA

City & State

LAKE CITY FLA

Zip

32025

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

July 17 2008

6. FEI Number

36-4637876

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

Joseph Corrao

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

264 SE Chaney Glen

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32025

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-19-10

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

MEM  
Joseph Corrao

264 SE Chaney Glen

LAKE CITY FLA 32025

LAKE CITY FLA 32025

600170574506  
03/12/10--01004--012 \*\*116.25

REINSTATEMENT 2008-2010

11. E-mail Address: Jcorrao71@hotmail.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

2-19-10

Daytime Phone #

386-754-3874

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAR 11 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 4, 2010

AMBIENT AIR/HEAT & REFRIGERATION, LLC  
264 SE CHANEY GLEN  
LAKE CITY, FL

SUBJECT: AMBIENT AIR/HEAT & REFRIGERATION, LLC  
Ref. Number: L05000006406

We have received your document for AMBIENT AIR/HEAT & REFRIGERATION, LLC and check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$116.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 010A00005338