


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2015</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L12000097932</b>					
1. Limited Liability Company's Name <b>PAUL LONGVAL AIR CONDITIONING LLC</b>					
2. Principal Office Address - No P.O. Box # <b>34 W. BAY ST</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>34 W. BAY ST</b> Suite, Apt. #, etc.		
City & State <b>OSPREY, FL</b>			City & State <b>OSPREY, FL</b>		
Zip <b>34229</b>		Country <b>USA</b>		Zip <b>34229</b>	
		Country <b>USA</b>			
8. Name and Address of Current Registered Agent					
Name <b>PAUL F LONGVAL</b>					
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>34 W. BAY ST</b>					
Apt. #, Etc.					
City <b>OSPREY</b>		State <b>FL</b>		Zip Code <b>34229</b>	
4. State/Country of Formation <b>FLORIDA, USA</b>					
5. Date Organized or Qualified To Do Business in Florida <b>7/30/2012</b>					
6. FEI Number <b>46-0684490</b>				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status					
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <b>Paul F Longval</b> Date <b>4/14/2015</b> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles		Name of Authorized Representatives/Managers		Street Address of Each Authorized Representative/Manager	
City / State / Zip					
<b>MGR</b>		<b>PAUL F LONGVAL</b>		<b>34 W. BAY ST</b>	
<b>OSPREY, FL 34229</b>					
11. E-mail Address <b>LONGVAL PJ@VERIZON.NET</b> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member <b>Paul F Longval</b> Date <b>4/14/2015</b> Daytime Phone # <b>941-966-1853</b>					
Typed or printed name of signing authorized representative/member <b>PAUL F LONGVAL</b>					