	PLEASE READ	ALL INS	CHUOTIONS	BEFORE C	OMPLET	ING THIS FORM	
APPLICATION FOR REINSTATE	TION (	FLORID	A DEPARTMEN Sandra B. Mort Secretary of S IVISION OF CORPOR	IT OF STATE tham tate		FILED C 23 AM 9: 15	
DOCUMENT # U5304  1. Corporation Name					SECR	RETARY OF STATE HASSEE, FLORIDA	
. STAND	ARD AIR CONT	RACTORS	, INC-				
Principal Place of Business Mailing Address						,	
4471 Parkbreeze Ct. Orlando, FL 32808					REIN	istatement <u>Q</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction belo						DO NOT WRITE IN THIS SPACE	
	Address, Il Applicable		3. New Mailing Address, II Applicable			Date Incorporated or Qualified     To Do Business in Florida     09/07/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			5. FEI Numbe		
City & State  Zip Country		Zip Country		v	6.	S8.75 Additional Fee required	
	<u> </u>	<u> </u>			<u> </u>	FOR STATUS DESIRED TO TOTAL Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Interest and/or Director (Interest) 2 Name of Officers and/or Directors			Str Of 3 (Do NOT U	eet Address of Each licer and/or Director se Post Office Box N	Numbers)	City / State / Zip	
DP HURI	4471 Par	4471 Parkbreeze Ct.		Orlando, FL 32808			
	<u> </u>		8000020391985				
						-12/27/3601048023 ****375.00 ****375.00	
,						JB12-24-9p	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
HURLEY, JAMES A. Street Address:					(P.O. Box Number is Not Acceptable)		
4471 Parkbreeze Ct. Orlando, PL 32808				Suile, Apt. #, Etc.			
UZZUMZO,	11 02000			City		State Zip Code	
10 It, being appointed	the registered agent of the al	pove named corp	poration, am familiar v	rith and accept the c	obligations of Sec		
Signature of Registered Agent	Ab pres.	6M REGISTERED A	GENT MUST SIGN			Date	
11. Does this Dept. of	s corporation pay Revenue under S	any intan . 199.032	gible tax to tl , Florida Stat	ne , <b>\</b> tutes. Yes	Nol	(See other side for information on intangible tax.)	
12 I do hereby certify lease the Division certify that I am a this reinstatement less owed by the under oath	y that the information supplied of Corporations from any latin officer or director or the let application the reason for discorporation have been paid	with this filing is billy of non-compositive or frustee is sociotion has be. The information	s voluntarily furnished phance with Section 1 empowered to execu- sen eliminated, the co- indicated on this app	and dops not qualities and dops not qualities and the same satisful and satisf	ly for the exempt rent that the infor a provided for in lies the requirem accurate, and m	ion stated in Section 119.07(3)(k), Florida Statutes. I remation supplied is deemed exempt from public access. I chapter 607 or 617, F.S. I further certify that when filling onts of section 607,0401 or 617,0401, F.S., and that all by signature shall have the same legal effect as if made	
JIGHATURE:	SIGNATURE AND TYPED OR	RINTED NAME OF	F SIGNING OFFICER OF	DIRECTOR		Date Daytime Phone #	