

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L61968

FILED
Feb 21, 2008
Secretary of State

Entity Name: DEPENDABLE AIR CONDITIONING, INC.

Current Principal Place of Business:

15229 SE 292 AVENUE RD
ALTOONA, FL 32702 US

New Principal Place of Business:

1101 NORTSHORE DR.
EUSTIS, FL 32726 US

Current Mailing Address:

P.O. BOX 774
ALTOONA, FL 32702 US

New Mailing Address:

P.O. BOX 802
EUSTIS, FL 32727 US

FEI Number: 59-3002561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERSHKOWITZ, HERBERT
15229 SE 292 AVENUE ROAD
ALTOONA, FL 32702 US

Name and Address of New Registered Agent:

HERSHKOWITZ, HERBERT
1101 NORTSHORE DR
EUSTIS, FL 32726 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERBERT HERSHKOWITZ

02/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HERSHKOWITZ, HERBERT
Address: 15229 SE 292 AVENUE RD
City-St-Zip: ALTOONA, FL 32702

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HERSHKOWITZ, HERBERT P. S. T
Address: 1101 NORTSHORE DR
City-St-Zip: EUSTIS, FL 32726 US

Title: VP () Change (X) Addition
Name: POAG, JEFFREY C VP
Address: 297805 S.E. 150 ST.
City-St-Zip: ALTOONA, FL 32702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT HERSHKOWITZ

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date