2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L68214

1. Entity Name
HOLIDAY AIR CONDITIONING AND REFRIGERATION, INC.

FILED
05 APR 21 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6325 MILLSTONE DR ~~6120 POSTELL DRIVE~~ ← DELETE ☑	6325 MILLSTONE DR ~~6120 POSTELL DRIVE~~
NEW PORT RICHEY, FL 34655-5529 US	NEW PORT RICHEY, FL 34655-5529 US

2. Principal Place of Business	3. Mailing Address
6325 MILLSTONE DR	6325 MILLSTONE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
NEW PORT RICHEY FL	NEW PORT RICHEY FL
Zip 34655 Country USA	Zip 34655 Country USA

04182005 REIN-P CR2E096 (6/04) 04-05

4. FEI Number 59-3004228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLT, CHRISTOPHER J. 6325 MILLSTONE DRIVE NEW PORT RICHEY, FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, CHRISTOPHER J. 6325 MILLSTONE DR NEW PORT RICHEY, FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, VALERIE A. 6325 MILLSTONE DR NEW PORT RICHEY, FL 34655	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASTELLA, PAUL M 3655 DELLEFIELD STREET NEW PORT RICHEY, FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FEARS, JEFFREY T 2855 PUMA DRIVE HOLIDAY, FL 34690	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

200053931682
05/06/05--01006--007 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. HOLT [signature] 4/18/05 727-372-9600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #