


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 13 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L82119					
1. Entity Name MULLINS REFRIGERATION AND A/C, INC.					
Principal Place of Business 6896 W GROVER CLEVELAND BLVD. HOMOSASSA SPGS., FL 34446 US			Mailing Address 6896 W GROVER CLEVELAND BLVD. HOMOSASSA SPGS., FL 34446 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 25 Poppy Ct		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Homosassa		
Zip		Country		Zip 34446	
				Country USA	
4. FEI Number 59-3017102				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLINS, MARLENE M. 25 POPPY CT HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	DTS MULLINS, MARLENE M. 25 POPPY CT HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	200137884662 11/13/08--01013--001 **150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Marlene M. Mullins</u>			Marlene Mullins 352-601-0460		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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