

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 108803

1. Corporation Name

Ellis Heating and Cooling INC

2. Principal Office Address - No P.O. Box #

2101 Deer Brook Dr

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33811

Country

POK

3. Mailing Office Address

2101 Deer Brook Dr

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33811

Country

POK

7. Name and Address of Current Registered Agent

Name

William E Blackburn

Street Address (P.O. Box Number is Not Acceptable)

2101 Deer Brook Dr

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

William E Blackburn

REGISTERED AGENT MUST SIGN

Date 9 4 11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>V</u>	<u>DEVE BLACKBURN</u>	<u>1930 W. SACRAMENTO</u>	<u>LAKELAND FL 33810</u>
<u>T</u>	<u>ROSENGELZ TOWES</u>	<u>2101 DEER BROOK DR</u>	<u>LAKELAND FL 33811</u>

10. E-mail Address: _____

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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:

William E Blackburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 4 11

Date

863 660 0449

Daytime Phone #

FILED
11 SEP 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2010-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 8 1988

5. FEI Number

592953379

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900211941489
09/09/11--01039--001 **1500.00