

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 12 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13713**

1. Corporation Name
**TRI-COUNTY AIR CONDITIONING CONTRACTORS
ASSOCIATION**

100003330081--4
-07/20/00--01077--020
****358.75 ****358.75

2. Principal Office Address

601 S. Market Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 687

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip Country

34982 St. Lucie

City & State

Stuart, FL

Zip Country

34995-0687 Martin

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/86

5. FEI Number

59-2656088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia A. Carman

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

605 3rd Place

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

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

Patricia A. Carman

Date **6/6/00**

REGISTERED AGENT MUST SIGN

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
P/D	Samuel T. Durham	601 S. Market Avenue	Fort Pierce, FL 34982
T/D	Curtis Sammons	12198 County Road 512	Fellsmere, FL 32948
C	James Rott	605 3rd Place	Vero Beach, FL 32962
C	Marge Heald	900 Farmers Market Road	Fort Pierce, FL 34997
C	Charles J. Baker	P.O. Box 1426	Palm City, FL 34990
C	Joe Flynn	1323 SW Thelma Street	Palm City, FL 34990

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Patricia A. Carman

PATRICIA A. CARMAN

6/6/00

561-567-7462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

Additional Officers

C Louis R. Windt, 6931 Heritage Drive, Port St. Lucie, FL 34952

C Tom Fite, II 155 43rd Avenue, Unit D, Vero Beach, FL 32968

C Richard Krebs 408 SW Dixie Hwy., Vero Beach, FL 32962

D Patricia A. Carman 605 3rd Place, Vero Beach, FL 32962

* Patricia Carman authorized 3 "D" on form
on 6/19/00 (JRS)