

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY -8 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000004086

**1. Corporation Name**

North Florida Air Conditioning Contractors  
Association, Inc.

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

P.O. Box 40107

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203-0107

Country

usa

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/5/96

**5. FEI Number**

59-1689187

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

Carrie Phillips

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

10285 Stonington Way

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32221

**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

*Carrie Phillips*

REGISTERED AGENT MUST SIGN

Date

3-22-2000

**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	Dan Griffin	1000 Edison Avenue	Jacksonville, FL 32204
VP	Joey Thigpen	2801 Dawn Road	Jacksonville, FL 32207
Sec	Nancy Pierson	PO Box 10234	Jacksonville, FL 32247
Trea	Scott Wilson	1009 Vine Street	Jacksonville, FL 32207
See Attached List for other Officers/Directors			

**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:**

*James H. H.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-22-2000

Daytime Phone #

KE