

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002046

1. Corporation Name

MANASOTA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

P O BOX 519
ONECO FL 34264

Mailing Address

P O BOX 519
ONECO FL 34264

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1997

5. FEI Number

65-0112727

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	KURTZ, GARY SCOTT JORGENSEN	681 SIMMONS AVENUE 7040 15th St E.	SARASOTA FL 34232 34243
PD	MICCIGHI, WILLIAM D PAUL G. STEHLE	1964 ROLLING GREEN CIR 2212 Whitfield Park Loop	SARASOTA FL 34240 34243
STD	ZEPPi, MICHAEL A (NO CHANGE)	2417 AVENUE B	BRADENTON BEACH FL 34217

400009794804
01703703--01005--001 **122.50

8. Name and Address of Current Registered Agent

STEHLE, PAUL
2212 WHITFIELD PARK LOOP
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Paul G. Stehle
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

12/31/02

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., 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:

Paul G. Stehle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/02

Daytime Phone #

941-758-3080

CR2040 (8/02)

MACCA

MANASOTA AIR CONDITIONING CONTRACTORS ASSOCIATION

**P.O. BOX 519
ONECO, FLORIDA 34264**

December 31, 2002

**Florida Department of State
Jim Smith
Secretary of State
Division of Corporations**

Re: Document # N97000002046

Attached please find the Application For Reinstatement for the Manasota Air Conditioning Contractors Association, Inc. Please be advised that this was the first and only request the organization received in 2002 for reinstatement. Therefore we request the reinstatement fees be waived, as we did not receive the two prior uniform business report (UBR) forms.

Check #369 for \$122.50 for 2002 and 2003 Annual Report Fees is enclosed.

If there are any problems with the application please feel free to my office or the MACCA Administrative Assistant, Sue Ogline at (941) 758-3080.

Sincerely,



**Paul G. Stehle
President
MACCA**

Representing Manatee and Sarasota Counties' Air Conditioning Contractors