### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P0000027949

1. Corporation Name

### ALL TYPE AIR CONDITIONING INC.

Principal Place of Business

Mailing Address

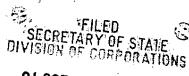
11454 US ONE

SIGNATURE:

PALM BEACH GARDENS FL 33408

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If above a	addresses are	incorrect in any way, line thr	ough incorrect in	nformation a	nd enter correction below	REINS	TATEMENT	DI	
		Address, If Applicable		ing Office Address, If Applicable		4. Date Incor	Date Incorporated or Qualified     To Do Business in Florida     03/13/2000		
Suite, Apt. #, etc. Suite, Apt. #,				, etc.		5. FEI Numb	5. FEI Number Applied For		
City & State City & State				<u>ــــــــــــــــــــــــــــــــــــ</u>			US-099-0-249 Not Applicable		
Zip Country Zip			Zip	Zip Country		6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	t corporations must list a	t least 3 directors)			
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
Р	BURNS, WILLIAM R			15-GOLONIAL CLUB DR.,#301		Lane	BOYNTON BEACH FL 33436 West Paln Beach FL		
					,		00046550 -10/26/01010 ****400.00 * 00046550 -10/26/01010 ****350.00 *	****400.00   <b>498</b>   55010	
	8 Nam	ne and Address of Current	Penistered Ans	ant .		Q Name and	Address of New Registered Ac		
BURNS, WILLIAM R 11454 US ONE PALM BEACH GARDENS FL 33408						9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				,	City	<del></del>	State	Zip Code	
10. I, being Signature o Registered	of	e registered agent of the abo	ove named corpo		<b>SUINE</b>	ne obligations of Sec	Date	AD	

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 filling 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.