


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

P5 172

FILED  
05 JAN 28 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P00000046078</b>					
1. Entity Name COMFORT EXPERTS U.S.A., INC.					
Principal Place of Business 700 JOHN ROADS BLVD B-8 MELBOURNE, FL 32904			Mailing Address 700 JOHN ROADS BLVD B-8 MELBOURNE, FL 32904		
2. Principal Place of Business 700 S. John Rodes Blvd Suite, Apt. #, etc. B-8		3. Mailing Address 700 S. John Rodes Blvd Suite, Apt. #, etc. B-8			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 59-3646914	
Zip 32904	Country USA	Zip 32904	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCELLE, ROBERT C 441 CYPRESS STREET INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Robert Marcelle		1-10-05	
FILE NOW!!! FEE IS \$900.00		REINSTATEMENT 04-05			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCELLE, ROBERT C 441 CYPRESS ST INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Robert Marcelle		1-10-05 (321) 722-2111	

PS 2 80



700 S. John Rodes Blvd. Unit B-8 Melbourne, FL 32904  
Corporate 321-722-2111  
Fax 321-722-2350  
e-mail: comfortexperts@earthlink.net

Indian River County 561-231-2449  
North Brevard 321-268-8663

January 24, 2005

TO WHOM IT MAY CONCERN,

DUE TO AN OVERSIGHT FROM THE LAST REPORT, WE HAVE NOT RECEIVED THE ORIGINAL AND/OR THE SECOND NOTICE OF THE ANNUAL REPORT/REINSTATEMENT. THE ADDRESS WAS WRONG ON THE REPORT. PLEASE ACCEPT THIS LETTER OF REQUEST TO WAIVER THE LATE FEES. THANK YOU.

A handwritten signature in black ink, appearing to read "R. Marcelle", is positioned above the printed name of Robert Marcelle.

ROBERT MARCELLE  
PRESIDENT  
COMFORT EXPERTS USA, INC