

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB -6 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058356

1. Corporation Name

Jim Stecher Heating & Cooling Inc.

400065597244  
02/10/06--01076--016 \*\*1050.00

CR2E081 (12/05)

2. Principal Office Address

4504 28th St W

3. Mailing Office Address

4504 28th St W

Suite, Apt. #, etc.

Unit #6

Suite, Apt. #, etc.

Unit #6

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34207

Country

Manatee

Zip

34207

Country

Manatee

4. Date Incorporated or Qualified  
To Do Business in Florida

6-16-00

5. FEI Number

593654297

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

James M Stecher

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

4504 28th St W

Suite, Apt. #, Etc.

Unit #6

City

Bradenton

State

FL

Zip Code

34207

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

James M Stecher

REGISTERED AGENT MUST SIGN

Date 2-2-06

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
<u>Pres</u>	<u>James M Stecher</u>	<u>6855 Sagebrush Cir</u>	<u>Bradenton FL 34243</u>

REINSTATEMENT

04-06

02-07-06

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 contained in Chapter 119, 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 M Stecher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

Date

941-744-7200

Daytime Phone #