

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000059464**

1. Corporation Name

CUSTOM HEATING & COOLING, INC.

Principal Place of Business

Mailing Address

~~6260 39TH ST. NORTH, STE. 1~~
~~PINELLAS PARK FL 33781~~

~~6260 39TH ST. NORTH, STE. 1~~
~~PINELLAS PARK FL 33781~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3623 A 46th Avenue N.
St. Petersburg, FL 33714

3623 A 46th Avenue N.
St. Petersburg, FL 33714

Country

City

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2000

5. FEI Number

59 3650921

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-----------------------------------|
| 1 | 2 | 3 | 4 |
| PSTD | HUMPEL, BARRY R | 6260 39TH ST. NORTH, STE. 1 | PINELLAS PARK FL 33781 |
| | | 3623 A 46th Avenue N. | St. Petersburg, FL 33714 |
| | | | 700004691577--6 |
| | | | -11/21/01--01099--002 |
| | | | ****750.00 ****750.00 |
| | | | LS |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUMPEL, BARRY R

6260 39TH ST. NORTH, STE. 1

PINELLAS PARK FL 33781

3623 A 46th AVE N.

ST. PETERSBURG, FL 33714

Name

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

Suite

3623 A 46th Avenue N.
St. Petersburg, FL 33714

City

State

Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **10-22-01**

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

727-527-5774

Daytime Phone #

CR2040 (8/01)