

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC -3 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000090983*

1. Corporation Name

Reliable Heating and Air Conditioning, Inc.

2. Principal Office Address

3461 NW 36 Street

Suite, Apt. #, etc.

NA

City & State

Lauderdale Lakes FL

Zip

33309

Country

Broward

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

**4. Date Incorporated or Qualified
To Do Business in Florida**

N/A

5. FEI Number

65-103-707-5

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

Ransford Egnatius Forrester, Sr.

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

3461 NW 36 Street

Suite, Apt. #, Etc.

N/A

City

Lauderdale Lakes

State
FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date 11/26/2002

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
President	Ransford Egnatius Forrester, Sr.	3461 NW 36 Street	Lauderdale Lakes, FL 33309

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 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:

RANSFORD E FORRESTER 12/1/02. 954-818-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (9/01)

RANSFORD FORRESTER

**3461 NW 36 STREET
LAUDERDALE LAKES, FL
33309
(H)954-731-6878
(Bus) 954-818-6455**

DECEMBER 1, 2002

**SECRETARY OF STATE
DIVISION OF CORPORATION
409 E GAINES STREET
TALLAHASSEE, FL 32399**

DEAR SIR,

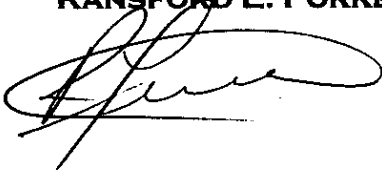
**I WOULD LIKE TO REQUEST TO HAVE MY CORPORATION
REINSTATED. DISSOLUTION WAS DUE TO THE IMPROPER
HANDLING OF MY MAIL AND INCORRECT ADDRESS.**

**I AM REQUESTING TO HAVE MY CORPORATION REINSTATED
SO I CAN START MY BUSINESS.**

**SHOULD YOU HAVE ANY FURTHER QUESTION, PLEASE FEEL
FREE TO CONTACT ME AT THE ABOVE ADDRESS.**

SINCERELY,

RANSFORD E. FORRESTER

A handwritten signature in black ink, appearing to read 'Ransford E. Forrester', written over a horizontal line.