

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000098657**

1. Corporation Name

**AMERICAN AIR CONDITIONING COMPANY, INC.**

Principal Place of Business

~~1701 W. HILLSBORO BOULEVARD  
SUITE 301  
DEERFIELD BEACH FL 33442~~

Mailing Address

~~1701 W. HILLSBORO BOULEVARD  
SUITE 301  
DEERFIELD BEACH FL 33442~~

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.

~~PO Box 7025~~

Suite, Apt. #, etc.

~~PO Box 7025~~

City & State

~~Boca Raton FL~~

City & State

~~Boca Raton FL~~

Zip

~~33431~~

Country

~~WPB~~

Zip

~~33431~~

Country

~~WPB~~

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/19/2000**

5. FEI Number

**65-1048401**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILSTEAD, JOHN	5271 TENNIS LANE	DELRAY BEACH FL 33428
			4000004724454--2 -12/13/01--01019--026 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~WEINTRAUB, PETER B  
1701 W. HILLSBORO BOULEVARD  
SUITE 301  
DEERFIELD BEACH FL 33442~~

9. Name and Address of New Registered Agent

Name **John O Milstead III**  
Street Address (P.O. Box Number is Not Acceptable)  
**5271 Tennis Lane**  
Suite, Apt. #, Etc.  
City **Delray Beach** State **FL** Zip Code **33438**

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

*John O Milstead III*

REGISTERED AGENT MUST SIGN

Date

**12/13/01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/13/01**