

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000112183

1. Corporation Name

AA SOLAR HOUSE, INC.

Principal Place of Business

Mailing Address

~~1821 CHIPPENDALE ROAD~~
~~CANTONMENT FL 32533~~

~~1821 CHIPPENDALE ROAD~~
~~CANTONMENT FL 32533~~

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

2. New Principal Office Address, If Applicable
9921 Hillview Rd
Suite, Apt. #, etc.

City & State
Pensacola, FL 32514

Zip
32514

Country
Escambia

3. New Mailing Office Address, If Applicable
9921 Hillview Rd
Suite, Apt. #, etc.

City & State
Pensacola, FL

Zip
32514

Country
Escambia

4. Date incorporated or Qualified
To Do Business in Florida

12/01/2000

5. FEI Number

59-3660182

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	HERBERT, COREY E	1700 CHIPPENDALE ROAD	CANTONMENT FL 32533
D	Herbert, Corey E.	9921 Hillview Rd	Pensacola, FL 32514

7000084710387-9

-12/11/01--01043--008

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Herbert, Corey E

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

9921 Hillview Rd

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32514

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

Date 10/15/01

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:

COREY E. HERBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/15/01 (850) 477-2147
Daytime Phone #