

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO10000004988**

1. Corporation Name

**R&S APPLIANCES AND AIRCONDITIONING
INC**

2. Principal Office Address

6815 SW 35 ST

Suite, Apt. #, etc.

City & State

Miramar Fla

Zip
33023

Country

USA

3. Mailing Office Address

6815 SW 35 ST

Suite, Apt. #, etc.

City & State

Miramar Fla

Zip
33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/2001

5. FEI Number

651068842

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600018021846

05/05/03--01109--009 **300.00

7. Name and Address of Current Registered Agent

Name

RAYMOND BENNETT

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

6815 SW 35 Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

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

Raymond Bennett

REGISTERED AGENT MUST SIGN

Date

4/24/03

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
P	STACYANN BENNETT	6815 SW 35 Street	Miramar Fla 33023
VP	BRIAN BENNETT	6815 SW 35 Street	Miramar Fla 33023
VP	BRANDON BENNETT	6815 SW 35 Street	Miramar Fla 33023
T	CARA BENNETT	6815 SW 35 Street	Miramar Fla 33023

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:

Raymond Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (954) 445-8571

Date

Daytime Phone #

CR2E081 (10/02)

2/2

R & S Appliances and Airconditioning Service Inc
6815 SW 35 Street
Miramar, Fl 33023

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

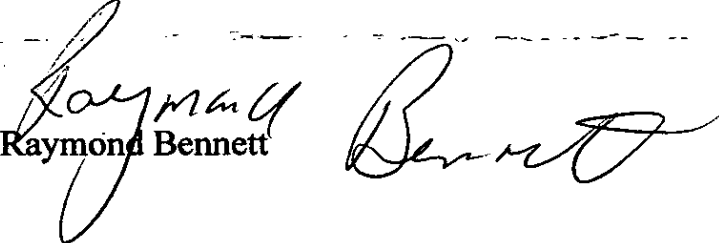
April 24, 2003

To Whom It May Concern:

Re: Document Number P01000004988

I am requesting my reinstatement fee waived due to my corporation not receiving any prior uniform business report notices. My address noted at the top of this letter is current for the corporation.

Thank you


Raymond Bennett