

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000072640

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** ISLAND AIR CONDITIONING AND REPAIR, INC.

**Current Principal Place of Business:**

1087 SW FENWAY RD  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

2231 SW FRANKLIN STREET  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

7548 US 1  
# 105  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 65-1125375      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POLO, CARMEN  
2231 SW FRANKLIN STREET  
PORT ST. LUCIE, FL 34952      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARMEN POLO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: PECHLER, ROBERT J  
Address: 1166 N.E. OCEAN VIEW CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD ( ) Delete  
Name: GONZALEZ, RAUL B  
Address: 340 HOLLY AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP (X) Delete  
Name: GONZALEZ, JUDY M  
Address: 340 HOLLY AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ POLO, CARMEN  
Address: 2231 SW FRANKLIN STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN GONZALEZ POLO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/09/2009

\_\_\_\_\_  
Date