PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/17/03--01017--022 **150.00

DOCUMENT # P01000074737

1. Corporation Name
Mid-Florida Heat & Air, Inc

2. Principal Office Address	3. Mailing Office Address
425 Gaston Foster Road	425 Gaston Foster Road
Suite, Apt. #, etc.: Suite "J"	Suite, Apt. #, etc.: Suite "J"
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32807 Country: USA	Zip: 32807 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/2001

5. FEI Number: 59-3737107 ☐ 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: Anthony Garner Scoggins

Street Address (P.O. Box Number is Not Acceptable): 18618 Amityville Drive

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32820

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: Anthony Scoggins
REGISTERED AGENT MUST SIGN

Date: November 21,2003

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
D/P	Jason Keith Scoggins	18618 Amityville Drive	Orlando, Fl 32820
S/T	Christine Noel Knight	1721 North 6th Street	Orlando, FL 32820
M	Ricky Wayne Scoggins	525 S. Conway Rd #129	Orlando, Fl 32807
		REINSTATEMENT 03	

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: _____ 11/19/03 407-207-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #