

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 27 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085486

1. Corporation Name

SUNRISE AIR CONDITIONING & HEATING, INC.

2. Principal Office Address

1430 GENE STREET

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

3. Mailing Office Address

1430 GENE STREET

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

REINSTATEMENT 021

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2001

5. FEI Number

593744490

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

NORMAN CARLSON

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

1430 GENE STREET

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

*Norman Carlson*  
REGISTERED AGENT MUST SIGN

Date 12/21/2004

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/S	NORMAN CARLSON	1124 WASHINGTON AVE	WINTER PARK, FL 32789
V	RICHARD MULDOON	1700 REGAN AVE	ORLANDO, FL 32807

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norman Carlson*  
12/21/04

Date

407-647-5547

Daytime Phone #

CR2001 (01/04)

**SUNRISE AIR CONDITIONING  
1430 GENE STREET  
WINTER PARK, FLORIDA 32789**

-----  
PHONE 407-647-5547

FAX 407-647-8560  
-----

*December 21, 2004*

*Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314*

*Reference: Corporation Reinstatement*

*Department of State:*

*We would like to reinstate our corporate status as active. The old address you have on file was never changed and we have not received any correspondence from the Dept. of State regarding this matter. We apologize for any misunderstanding and have completed the Corporation Reinstatement form for you to process. Thanks for your cooperation. Please note our new address and phone number.*

*Sincerely,*

  
*Norm Carlson  
Sunrise Air Conditioning*