


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 1092 06 MAR -9 PM 2:01 SEAL OF THE STATE TALLAHASSEE, FLORIDA 000068107410 03/20/06--01021--023T**580.006 CR2E081 (12/05)	
DOCUMENT # <u>P01000117492</u>					
1. Corporation Name <u>HENSON HEATING & Air Conditioning, INC</u>					
2. Principal Office Address <u>6410 CRESTHILL DR.</u>			3. Mailing Office Address <u>6410 CRESTHILL DR.</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Tampa, FL 33615</u>			City & State <u>Tampa, FL</u>		
Zip <u>33615</u>	Country <u>Hills</u>	Zip <u>33615</u>	Country <u>Hills</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>10-17-02</u>	
5. FEI Number <u>593695742</u>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Robert R Henson JR</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>6410 CRESTHILL DR</u>					
Suite, Apt. #, Etc.					
City <u>TAMPA</u>				State <u>FL</u>	Zip Code <u>33615</u>
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 <u>Robert R Henson JR</u>				Date <u>3-8-06</u>	
REGISTERED AGENT MUST SIGN					
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.	<u>Robert R Henson JR</u>	<u>6410 CRESTHILL DR</u>		<u>Tampa, FL 33615</u>	
U.P.	<u>Debra J. Henson</u>	<u>6410 CRESTHILL DR</u>		<u>Tampa, FL 33615</u>	
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 contained in Chapter 119, 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: <u>Robert R Henson JR</u>				Date <u>3-8-06</u>	Daytime Phone # <u>601-0002</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

P13-333-1235

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REINSTATEMENT Dept. 3-P06

ATTN: EULA Peterson
PERSON OF CONFIDENCE
REINSTATEMENT Dept.

Dear Sirs,

I, Robert Henson, of
Henson HEATING & Air Conditioning
NEVER RECEIVED MY UNIFORM
BUSINESS REPORT. I HAVE
TALKED WITH EULA PETERSON
AND AM TRYING TO CORRECT
THIS PROBLEM.

Thank you
~~Robert Henson~~
Robert Henson
Owner