

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -4 PM 1:26

DOCUMENT # **P020000019094**

1. Corporation Name **ALL QUALITY HEATING & AIR
CONDITIONING Inc.**

2. Principal Office Address

1250 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Deland FL

Zip

32724

Country

Volusia

3. Mailing Office Address

P.O. Box 1904

Suite, Apt. #, etc.

City & State

Deland FL

Zip

32721

Country

Volusia

500032619765
05/12/04--01051--001 **141.25 @

REINSTATEMENT 03-04

04/13/04 01081 001 \$158.75

4. Date Incorporated or Qualified
To Do Business in Florida

2-20-02

5. FEI Number

☒ 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

WILLIAM F. BOHLEN Jr.

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

406 Glenwood rd.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

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

William F. Bohlen Jr.

REGISTERED AGENT MUST SIGN

Date

5-4-04

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
Pres.	WILLIAM F. BOHLEN Jr.	406 Glenwood rd.	Deland FL 32720

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:

William F. Bohlen Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-4-04

Daytime Phone #

386-804-7116

CR2E081 (01/04)

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To Whom It May Concern:

My name is William Bohlen Jr., President of All Quality Heating & Air Conditioning. Recently, while changing locations I found this letter, after reading it, I realized that I did not receive the prior UBR Notices. Enclosed is a check for \$150.00 (reinstatement)/ \$8.75 additional fee for status. Total \$158.75.

If there are any problems please contact me at 386-738-7978 or Po Box 1904 DeLand FL 32721.

Sincerely,

William F. Bohlen, Jr., President

