


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD2000023975</u> 1. Corporation Name National Heating, Air Conditioning & Plumbing, Inc WDB-31395			
2. Principal Office Address 2650 Enterprise Rd Suite, Apt. #, etc. Suite C City & State Clearwater, FL Zip 33763		3. Mailing Office Address 2650 Enterprise Rd Suite, Apt. #, etc. Suite C City & State Clearwater, FL Zip 33763	

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 3/5/02

5. File Number 03-0405463

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Folsom Accounting Services, Inc

Street Address (P.O. Box Number is Not Acceptable)
1605 Main St

Suite, Apt. #, Etc.

City
Dunedin

State
FL

Zip Code
34698

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 Susan Folsom Date 5/25/06

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
Pres	Bryan M. Henderson	2650 Enterprise Rd, Ste C	Clearwater, FL 33763

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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: Bryan Henderson Date 5/25/06 (727)784-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #