

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # PO2000128000

1. Corporation Name

Air Care Air Conditioning & Refrigeration, Inc.

REINSTATEMENT 03

800024051268

10/23/03--01062--021 **158.75

2. Principal Office Address

1811 Alto Lane

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33558

Country

USA

3. Mailing Office Address

PO Box 117

Suite, Apt. #, etc.

City & State

Land O Lakes FL

Zip

34639

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-02

5. FEI Number

54-2084694

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

Joseph J. Bragg

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

1811 Alto Lane

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

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	Joseph J. Bragg	1811 Alto Lane	Lutz FL 33558
VP	James F. Bragg	4565 Victoria Rd	Land O Lakes FL 34639

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] Joseph Bragg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

813-946-1829

Daytime Phone #

CR2E081 (10/02)



Air Care Air Conditioning & Refrigeration, Inc.

LIC#CAC036829

Phone: 813.948.1829

Fax: 813.354.3646

TF: 888.948.1829

October 15, 2003

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

To Whom It May Concern:

It has been recently brought to my attention that the status of our corporation is inactive. In researching this I have found out that when my accountant filed the corporate paperwork, she gave you an incorrect mailing address. Because of this error, we never received the 2003 UBR form. We were having ongoing problems receiving any mail at 17131 SR 54, Lutz, FL 33548 due to the ongoing road construction of State Road 54. We have also moved our location on September 1st due to loss of business as a result of this.

Attached please find our reinstatement form and check. If there are any questions, please contact me at (813) 948-1829.

Sincerely,

Joseph J. Bragg

President

P.O. Box 117
Land O' Lakes, FL 34639
www.aircaretampabay.com

Quality
Professional
Reliable
Service