

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 10: 07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

DOCUMENT #

1. Corporation Name

B.E.C. Air Conditioning Inc.
PO 300009 0232

2. Principal Office Address - No P.O. Box #

780 2nd Ave NW

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34120

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

14-1893352

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

AS TO Applicable Fees, see
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bobbi Jo Forham

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

780 2nd Ave NW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bobbi Jo Forham

REGISTERED AGENT MUST SIGN

Date 5/3/07

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.	Daniel Forham	780 2nd Ave NW	Naples, FL 34120
V. Pres.	Bobbi Jo Forham	780 2nd Ave NW	Naples, FL 34120
Sec.			

100103040371
05/22/07--01052--018 **1200.00

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:

Bobbi Jo Forham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07 239 302 2189

Date

Daytime Phone #