

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

12 MAY 3 AM 8:50

DOCUMENT #

1. Corporation Name

P03000090232
BEC Air Conditioning INC

REINSTATEMENT 11-12

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

780 2nd Avenue NW

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

FL

Zip

34120

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 03

5. FEI Number

14-1893352

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**Name
Dana Forbay

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

780 2nd Avenue NW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

300230412023
04/20/12 01045 003 \$750.00

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

REGISTERED AGENT MUST SIGN

Date

4/30/12

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
PC	Dana L Forbay	780 2nd Avenue NW	Naples FL 34120
VP	Bobbi Jo Forbay	780 2nd Avenue NW	Naples FL 34120

10. E-mail Address:

Crazyat70@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/12

Daytime Phone #

2392840265