

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P03000109909

1. Corporation Name

ROPER'S AIR CONDITIONING, INC.

2010 JAN -5 P 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800164506218
01/05/10--01026--014 **458.75

2. Principal Office Address - No P.O. Box # 6910 Gilda Ct.		3. Mailing Office Address 6910 Gilda Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Keystone Heights, Fl		City & State Keystone Heights, Fl	
Zip 32656	Country US	Zip 32656	Country US

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 10/06/2003	
5. FEI Number 200294800	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Shan A. Roper

Street Address (P.O. Box Number is Not Acceptable)
6910 Gilda Ct.

Suite, Apt. #, Etc.

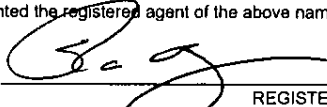
City
Keystone Heights, Fl

State
FL

Zip Code
32656

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  REGISTERED AGENT MUST SIGN


Date **28 Dec.2009**

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
P	Shan A. Roper	6910 Gilda Ct.	Keystone Hgts., Fl 32656
VP	John L. Roper	6906 Gilda Ct.	Keystone Hgts, Fl 32656
T	Ricky A. Dorminey	1664 Sedgwick Dr.	Middleburg, Fl 32068
S	Dean K. Fletcher	1664 Sedgwick Dr.	Middleburg, Fl 32068
REINSTATEMENT			
<i>NS-2010-208</i>			

10. E-mail Address: shan.ropers@us.army.mil (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., 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.

SIGNATURE:  **Shan A. Roper** Date **28 Dec.2009** 863-528-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #