2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000129317

Address:

22417 NW

City-St-Zip: ALTHA, FL 32421 US

Entity Name: JEMISON HEATING & COOLING, INC

FILED Oct 02, 2008 Secretary of State

Littly Na	IIIe. JEIVIIOOI	TILATING & COOLING, INC				
Current P	rincipal Place	of Business:	New Princ	ipal Place o	f Business:	
22417 NW ALTHA, FI	/ WATSON RE L 32421).				
Current M	lailing Addres	ss:	New Maili	ng Address:		
22417 NW ALTHA, Fl	WATSON RE 232421).				
FEI Number	: 35-2218660	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	d()
Name and	l Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
JEMISON, 22417 NW ALTHA, FI	WATSON RE					
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, o	or both,
SIGNATU	RE: DAVID A	JEMISON				
	Electron	nic Signature of Registered A	gent		Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notic	e.		
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIR	ECTORS
Title: Name: Address: City-St-Zip:	P (JEMISON, DAV 22417 NW WA ALTHA, FL 32	TSON RD.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S (BODIFORD, BI 14893 NW SAN ALTHA, FL 320	/I DUNCAN RD.	Title: Name: Address: City-St-Zip:	S (2 PRICE, LUKE 10419 CR 274 ALTHA, FL 32	4	
Title: Name: Address: City-St-Zip:	GOLDEN, SCC	LLY P BOGGS RD. LOT M	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

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