## 2008 FOR PROFIT CORPORATION REINSTATEMENT

					1	Course 1 1	property from		
DOCUMENT # P03000136321						FIL	ED		
HERON AIR CONDITIONING, INC.						18 NOA 81	PM 1:21		
Principal Place of Business Mailing Address					1 .,	- L - STABO :	3E 074-		
5567 DOUG TAYLOR CIRCLE		P.O. BOX 118	· ·			TALLAHASSEE, FLORID;			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				REIN-P	CR2E098 (1/		
City & State		City & State		4. FEI Number 42-161			Applied For Not Applicable		
Zip	Country	Zip	Country		<u> </u>	of Status Desired	Fee Rec	Additional quired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BULLER, ROYSE G 8658 REDWOOD DR.				Street Address (P.O. Box Number is Not Acceptable)					
ST. JAMES CIT									
ı.			City				FL Zip	Code	
	d entity submits this statement f	or the purpose of changing its	s registered offic	e or registe	red agent, or bo	th, in the State of F	Porida. I am familiar	with, and accept	
the obligations of registered agent									
SIGNATURE 1 42 Dulle 1/3008									
Signature, typed or puried name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE									
FILE NOWIII FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00							with s. 607.193(2) I not receive the p		
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS	CHANGES TO OF	FICERS AND DIREC	TORS IN 11	
IIILE PRE	PRES Delete 11				☐ Change ☐ Addition				
l l	BULLER, ROYSE G  RESS 8658 REDWOOD DR.			100	900138181438 1/2:/0801036010 **150.00				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am anotificer 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 in Block 10 or Block 11 if changed, or on an attachment with an eadress, with all other like empowered.									
SIGNATURE: 1 20 08 239 283 3007									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									