

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147346 1. Entity Name ATLANTIC A/C & HEATING SERVICE, INC.		 <div style="text-align: right;"> FILED 05 JAN -4 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 2209 ORANGE TREE DR EDGEWATER, FL 32141		Mailing Address 2209 ORANGE TREE DR EDGEWATER, FL 32141	
2. Principal Place of Business <i>2209 Orange Tree Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>2209 Orange Tree Dr</i> Suite, Apt. #, etc.	
City & State <i>Edgewater, Florida</i> Zip <i>32141</i>		City & State <i>Edgewater, Florida</i> Zip <i>32141</i>	
Country <i>Polisia</i>		Country <i>Polisia</i>	
4. FEI Number <i>37-1481919</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKSNIS, LEONARD A 2351 S. RIDGEWOOD AVE #13 EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Leonard A. Waksnis</i> <i>Leonard A. Waksnis</i> <i>12/29/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BLUM, RICHARD A STREET ADDRESS 2209 ORANGE TREE DR CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Richard Blum</i> <i>Richard Blum</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>12/29/04</i> <i>3864231690</i> <small>Date Daytime Phone #</small>	

REINSTATEMENT 04 05
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