

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1492

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 NOV 17 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000001015

1. Corporation Name

Clyde Nickyson Heating + A/C and Air  
Condition, Inc.

**REINSTATEMENT** 04-05

CR2E081 (8/05)

2. Principal Office Address

221 Bermuda Rd

Suite, Apt. #, etc.

3. Mailing Office Address

221 Bermuda Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32312

Country

USA

Zip

32312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/03

5. FEI Number

02 0712101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clyde Nickyson

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

221 Bermuda Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Clyde Nickyson

REGISTERED AGENT MUST SIGN

Date 11/17/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles           | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|------------------|--------------------------------------|---|------------------------------|
| <u>President</u> | <u>Clyde Nickyson</u>                | <u>221 Bermuda Rd</u>                             | <u>Tallahassee, FL 32312</u> |
|                  |                                      |   |                              |
|                  |                                      |   |                              |
|                  |                                      |   |                              |
|                  |                                      |   |                              |
|                  |                                      |   |                              |
|                  |                                      |   |                              |

10. 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 607.0431 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Clyde Nickyson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/05

Date

(850) 385-3772

Daytime Phone #

292  
I Clyde Nickyson did not receive  
my 2004 Annual Report notice for

Clyde Nickyson's Heating and Air Condition, INC.

Clyde NICKYSON