

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -8 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800103197568  
05/24/07--01025--023 \*\*450.00

CR2E081 (1/07)

DOCUMENT # P04000019647  
1. Corporation Name  
AJB Airconditioning Inc.

2. Principal Office Address - No P.O. Box #  
1292 Golden Oak Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address  
1292 Golden Oak Dr.  
Suite, Apt. #, etc.

City & State  
Tarpon Springs, FL  
City & State  
Tarpon Springs, FL  
Zip Country Zip Country  
34689 USA 34689 USA

4. Date incorporated or Qualified To Do Business in Florida  
5. FEI Number  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  
Ben J. Watson  
Street Address (P.O. Box Number is Not Acceptable)  
1292 Golden Oak Dr.  
Suite, Apt. #, Etc.  
City State Zip Code  
Tarpon Springs FL 34689

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 Ben J. Watson Date 4-30-07  
REGISTERED AGENT MUST SIGN

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
DP	Ben J. Watson	1292 Golden Oak Dr	Tarpon Springs FL 34689
VST	Amanda Watson	"	"

**REINSTATEMENT**

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 607.0401 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 contained in Chapter 119, 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: Ben J. Watson Date 30 Apr-07 Daytime Phone # 427-408-0747