

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000050566

1. Entity Name
SEAN BROWN AIR CONDITIONING INC.



FILED

07 JAN 17 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5706 LINCOLN CIRCLE E
LAKE WORTH, FL 33463

Mailing Address
5706 LINCOLN CIRCLE E
LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0892050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, SEAN L
5706 LINCOLN CIRCLE E
LAKE WORTH, FL 33463

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 Sean Brown
Signature, typed or printed name of registered agent and title if applicable.

SEAN BROWN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/07

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

TITLE PD
NAME BROWN, SEAN L
STREET ADDRESS 5706 LINCOLN CIRCLE E
CITY-ST-ZIP LAKE WORTH, FL 33463

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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: Sean Brown SEAN BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

561-313-1907

Daytime Phone #