



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000093985 1. Entity Name PARKS COOLING & HEATING, INC.					
Principal Place of Business 1625 WINDLANCE CORUT JACKSONVILLE, FL 32225				Mailing Address 1625 WINDLANCE CORUT JACKSONVILLE, FL 32225	
2. Principal Place of Business 819 TOWNSEND BLVD		3. Mailing Address 1625 WINDLACE CT		<div style="font-size: 2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">05 OCT 18 AM 10:41</div> <div style="font-size: 0.8em; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">10162005 REIN-P CR2E098 (6/04)</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip 32211		Zip 32225			
Country DUAL		Country DUAL		4. FEI Number 11-3722310	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNEEL, CHARLES E 1625 WINDLANCE CORUT JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Charles E McNeel</u> <u>Charles E McNeel</u> <u>10-16-05</u> <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 \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPV MCNEEL, CHARLES E 1625 WINDLANCE CORUT JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060955045 10/27/05--01004--006 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCNEEL, CHARLES E 1625 WINDLANCE CORUT JACKSONVILLE, FL 32225	<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
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: <u>Charles E McNeel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10-16-05</u> <u>904-536-3202</u> <small>Date Daytime Phone #</small>	