

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000166427

1. Corporation Name

Standard Cooling and Heating, Inc.

2. Principal Office Address - No P.O. Box #

5302 East Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5302 East Bay Blvd.

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

City & State

Gulf Breeze, Florida

Zip

32563

Country

USA

Zip

32563

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2004

5. FEI Number

342029850

☐ 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

Richard W. Godwin

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

5302 East Bay Blvd.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

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

Richard W. Godwin

Date 6/10/10

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
P	Richard W. Godwin	5302 East Bay Blvd.	Gulf Breeze, Florida 32563

10. E-mail Address: scrane@mhw-law.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Richard W. Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/10

Date

850-934-8323

Daytime Phone #

FILED

10 JUL 12 PM 2:32

SEC. OF STATE
TALLAHASSEE, FLORIDA

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07/12/10--01057--008 **900.00

REINSTATEMENT

08-10

CR28081 (6/10)

7/11/10