

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000023651

1. Entity Name
PALMETTO BAY AIR CONDITIONING SERVICE, INC.



FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2665 S BAYSHORE DR - STE 903
COCONUT GROVE, FL 33133**

Mailing Address
**2665 S BAYSHORE DR - STE 903
COCONUT GROVE, FL 33133**

2. Principal Place of Business
11271 SW 181 TER.

3. Mailing Address
11271 SW 181 TER

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33157

Country
USA



09182006 REIN-P CR2E098 (11/05) 06

4. FEI Number
20-2404462

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KLEIN, DONALD M
2665 S BAYSHORE DR - STE 903
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent
Name
EDWARD M. MEERBOTT
Street Address (P.O. Box Number is Not Acceptable)
11271 SW 181 TER
City
MIAMI FL Zip Code
33157

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 **EDWARD M. MEERBOTT** DATE **9/20/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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	D MEERBOTT, EDWARD M 11271 SW 181ST TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080150741 09/25/06--01062--003 **150.00
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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: **EDWARD M. MEERBOTT** DATE **305-278-2428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #