

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 15 AM 8:52

DOCUMENT # P05000092547

1. Corporation Name

S&S Commercial Appliance & Air Conditioning Co.

700160670127  
09/15/09--01012--008 \*\*\$25.25

**REINSTATEMENT**

06-09 KS

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

12370 NE 18th Street

3. Mailing Office Address

P.O. Box 5302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Gainesville, FL

Zip

32696

Country

United States

Zip

32627

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/2005

5. FEI Number  
20-3071128

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

Edward R Sheridan

Street Address (P.O. Box Number is Not Acceptable)  
4116 NW 14th Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

☒ 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 X:

REGISTERED AGENT MUST SIGN

Date X 9/11/09

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	Sheridan, Edward R	4116 NW 14th Place	Gainesville, FL 32605
V	Sheridan, Keith P	12370 NE 18th Street	Williston, FL 32696

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: X

  
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9/11/09

Date

352 538 6831

Daytime Phone #