

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000015119

1. Corporation Name

SEAD'S AIR CONDITIONING & HEATING INC.

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

113 SE 28th TERRACE

Suite, Apt. #, etc.

1

City & State

CAPE CORAL FL.

Zip

33904

Country

3. Mailing Office Address

113 SE 28th TERRACE

Suite, Apt. #, etc.

1

City & State

CAPE CORAL FL.

Zip

33904

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/2006

5. FEI Number

20-4212117

☐ 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

SEAD MUMINOVIC

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

113 SE 28th TERRACE

Suite, Apt. #, Etc.

1

City

CAPE CORAL

State

FL

Zip Code

33904

☒ 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


SEAD MUMINOVIC

Date

2/3/10

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	SEAD MUMINOVIC	113 SE 28 th TERRACE	CAPE CORAL FL. 33904
VP	EMINA MUMINOVIC	113 SE 28 th TERRACE	CAPE CORAL FL. 33904
SEC	EMINA MUMINOVIC	113 SE 28 th TERRACE	CAPE CORAL FL. 33904
TRES	SEAD MUMINOVIC	113 SE 28 th TERRACE	CAPE CORAL FL. 33904
REINSTATEMENT 			

10. E-mail Address: SELMIN02@hotmail.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:

SEAD MUMINOVIC

SEAD MUMINOVIC

Date

2/3/10 (239)573-2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #