

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000018119

1. Corporation Name

RODOLFO FIORAVANTE AIR CONDITIONING, INC.

700163833027
12/21/09--01053--003 **300.00

REINSTATEMENT 08-09
CR2E081 (11/09)

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

6800 NW 39TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.

LOT 272

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

Zip

33073

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2006

5. FEI Number
20-4264202

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

FIORAVANTE, RODOLFO V

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

6800 NW 39TH AVE

Suite, Apt. #, Etc.

LOT 272

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Rodolfo Fioravante
REGISTERED AGENT MUST SIGN

Date 12/15/2009

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
PVTS	RODOLFO V. FIORAVANTE	6800 NW 39TH AVE	COCONUT CREEK, FL 33073

10. E-mail Address:

(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:

Rodolfo Fioravante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #