


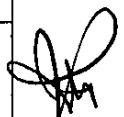
2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000005755 1. Entity Name THOMAS FORD HEATING & AIR CONDITIONING, INC.	
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FILED

08 DEC 16 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5315 NW 20TH WAY GAINESVILLE, FL 32653 US	Mailing Address 5315 NW 20TH WAY GAINESVILLE, FL 32653 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 2008

4. FEI Number Not Applicable

6. Name and Address of Current Registered Agent FORD, THOMAS E 5315 NW 20TH WAY GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORD, THOMAS E 5315 NW 20TH WAY GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-size: 1.5em; font-weight: bold;">400139064054</div> 12/16/08--01029--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FORD, THOMAS E 5315 NW 20TH WAY GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  12/15/08 352-374-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #