

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000060160

1. Entity Name  
FLAGLER A/C SERVICE, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -1 PM 3:11

Principal Place of Business  
931 VILLAGE BLVD., STE. 289  
WEST PALM BEACH, FL 33407

Mailing Address  
931 VILLAGE BLVD., STE. 289  
WEST PALM BEACH, FL 33407

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08-09ks

4. FEI Number

26-0225854

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, EUGENE F.  
931 VILLAGE BLVD., STE. 289  
WEST PALM BEACH, FL 33407

Name Wilbert Parkes  
Street Address (P.O. Box Number is Not Acceptable)  
16473 92nd Ln N  
Loxahatchee FL 33470  
City FL Zip Code 33470

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 renistered agent.

SIGNATURE

Signature, print full name of registered agent and title if app

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 D  
NAME PARKES, WILBERT  
STREET ADDRESS 511 W. PERRY ST., #11  
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 700155142047  
CITY-ST-ZIP 05/01/09--01060--024 \*\*308.77 ☐ Change ☐ Addition

TITLE D  
NAME GARNER, EUGENE F.  
STREET ADDRESS 511 W. PERRY ST., #12  
CITY-ST-ZIP LANTANA, FL 33462 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*W. Parkes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-09

(561) 255-6986  
Date Daytime Phone #