

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000088947**

1. Entity Name  
**AC GUYS MECHANICAL HEATING AND COOLING, INC**



FILED

08 DEC 31 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4825 BARNSTEAD DR  
RIVERVIEW, FL 33569 US**

Mailing Address  
**4825 BARNSTEAD DR  
RIVERVIEW, FL 33569 US**

2. Principal Place of Business - No P.O. Box #  
**1503 Portsmouth LAKE DR**

3. Mailing Address  
**1503 Portsmouth LAKE DR**

Suite, Apt. #, etc.

City & State  
**BRANDON, FL.**

City & State  
**BRANDON, FL.**

Zip  
**33511**

Country  
**U.S.**

Zip  
**33511**

Country  
**U.S.**



6. Name and Address of Current Registered Agent

**HSIEH, ANDY C  
4825 BARNSTEAD DR  
RIVERVIEW, FL 33569**

4. FEI Number  
**26-0673515**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
**HSIEH, ANDY C**

Street Address (P.O. Box Number is Not Acceptable)  
**1503 PORTSMOUTH LAKE DR**

City  
**BRANDON**

FL

Zip Code  
**33511**

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 **Andy Hsieh** **ANDY HSIEH president** **12/23/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HSIEH, ANDY C 4825 BARNSTEAD DR RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1503 PORTSMOUTH LAKE DR BRANDON, FL. 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Andy Hsieh** **ANDY HSIEH president** **12/23/08 (813) 250-2173**

Signature and typed or printed name of signing officer or director Date Daytime Phone #