

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000001366

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** AIR GENIE AIR CONDITIONING CO.

**Current Principal Place of Business:**

24840 BURNT PINE DR  
STE 4  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

24840 BURNT PINE DR  
STE 4  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 26-1689628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SLADE, GENE  
24840 BURNT PINE DR  
STE 4  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GENE SLADE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: SLADE, GENE  
Address: 1508 BRILLIANT CUT WAY  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: SLADE, GENE  
Address: 1508 BRILLIANT CUT WAY  
City-St-Zip: VALRICO, FL 33594 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: SLADE, GENE  
Address: 9174 ESTERO RIVER CIRCLE  
City-St-Zip: ESTERO, FL 33928 US

Title: D (X) Change ( ) Addition  
Name: SLADE, GENE  
Address: 9174 ESTERO RIVER CIRCLE  
City-St-Zip: ESTERO, FL 33928 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE SLADE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PVST

10/09/2009

\_\_\_\_\_  
Date