

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PI8000019025**

1 Corporation Name

JC AIR & HEATING INC.

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

4230 LAKE AVE.

3 Mailing Office Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

KISSIMMEE FLORIDA

City & State

"

Zip

34746

Country

USA

Zip

"

Country

"

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-26-2018

5. FEI Number

82-4675836

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

JUAN CARLOS ARROYO REYES

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

4230 LAKE AVE.

Suite, Apt. #, Etc

City

KISSIMMEE

State

FL

Zip Code

34746

2024 DEC 10 PM 1:16

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-8-2024

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
P	JUAN CARLOS ARROYO REYES	4230 LAKE AVE.	KISSIMMEE, FL 34746

REINSTATEMENT

2021-2024
NOV 10 2024

10. E-mail Address: **ACC EXPRESS CORP@GMAIL.COM**
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-2024

Date

407-590-4612

Daytime Phone #

pg 272

JC Air & Heating LLC
4230 Lake Avenue
Kissimmee, FL 34746

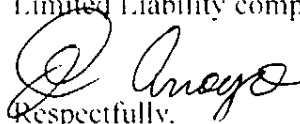
November 8th, 2024

Division of Corporations
2415 N Monroe ST Suite 810
Tallahassee, FL 32303

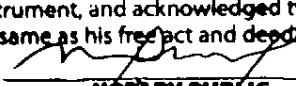
Re: Document Number L24000241454

To Whom This May Concern:

In reference to the above document number, please note that as of November 1st, 2024, I have no intention of continuing to operate this entity any further and therefore release the name of the Limited Liability company.


Respectfully,

Juan Carlos Arroyo, AMBR
JC Air & Heating LLC

State of Florida
County of DECEOLA
On this 8th day of NOVEMBER 2024
before me personally appeared
JUAN CARLOS ARROYO
to me known to be the person who executed the
foregoing instrument, and acknowledged that he
executed the same as his free act and deed
SEAL (signed) 
NOTARY PUBLIC

