

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P34289

1. Corporation Name

SUPERIOR HEATING & COOLING MANAGEMENT, INC.

Principal Place of Business

231 DOUGLAS ROAD, BLDG. A, UNIT 10  
OLDSMAR FL 34677

Mailing Address

231 DOUGLAS ROAD, BLDG. A, UNIT 10  
OLDSMAR FL 34677

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1991

Suite, Apt. #, etc.

785 DUBAR AVE

Suite, Apt. #, etc.

P.O. BOX 788

City & State

OLDSMAR FL

City & State

OLDSMAR FL

Zip

34677

Country

US

Zip

34677

Country

US

5. FEI Number

59-3068396

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PCD	SWANSON, CHRIS	644 B FAIRMONT AVE. 505 DEVONSHIRE	SAFETY HARBOR FL OLDSMAR, FL 34677
VP	SWANSON, MICHELLE	505 DEVONSHIRE ST	OLDSMAR FL 34677
SD	<del>SWANSON, MICHELLE</del>	<del>644 B FAIRMONT AVE.</del>	<del>SAFETY HARBOR FL</del>
			700003491587-9 -12/08/00--01036-014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWANSON, CHRIS  
505 DEVONSHIRE ST  
OLDSMAR FL 34677

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Chris Swanson*

Date 10-19-00

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Chris Swanson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHRIS SWANSON

10/19/00 (813) 854-3449

Date

Daytime Phone #