PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 SEP 26 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34289

1. Corporation Name

SUPERIOR HEATING & COOLING MANAGEMENT, INC

2. Principal Office Address	3. Mailing Office Address
785 DUNBAR AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR, FL	City & State
Zip: 34677 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida ~~1996~~ 1991

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. Name and Address of Current Registered Agent

Name: CHRIS SWANSON

Street Address (P.O. Box Number is Not Acceptable): 1746 SPLITFORK DRIVE

700023865117
09/26/03--01070--013 **150.00

Suite, Apt. #, Etc.

City: OLDSMAR State: FL Zip Code: 34677

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: X _____ Date: 9-24-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PCD	CHRIS SWANSON	1746 SPLITFORK DRIVE	OLDSMAR,FL 34677
VP	MICHELLE SWANSON	1746 SPLITFORK DRIVE	OLDSMAR,FL 34677

10. 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: X _____ 9-24-03 813-854-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JH 9/25

SUPERIOR
HEATING & COOLING
MANAGEMENT, INC.

785 Dunbar Ave. • Oldsmar, FL 34677 • 1-800-640-8634 • Fax (813) 814-9374
Zephryhills 783-7509 • Pinellas/Tampa 854-3449 • Lakeland 688-1823
License #CAC051511

9-23-03

Dept. of State
Div. of Corps.
P.O. Box 6327
Tallahassee, Fl.

Sir:
On July 16, 2003 I sent 150.00 Ck. # 21788 to you for our annual fee.
We have in the last week found that check hasn't been cashed, therefore we would appreciate waiver of the reinstatement fee.

Thank you in advance,
Chris Swanson
Chris Swanson, Pres.

enc. dup Appl.
150.00 check #1029