

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 SEP 26 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P34289</u>					
1. Corporation Name SUPERIOR HEATING & COOLING MANAGEMENT, INC					
2. Principal Office Address 785 DUNBAR AVENUE Suite, Apt. #, etc. City & State OLDSMAR, FL Zip 34677			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		
4. Date Incorporated or Qualified To Do Business in Florida 1996 1991			5. FEI Number 59-3068396		
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					
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 607.0605 or 617.0503, F.S.					
Signature of Registered Agent <u>[Signature]</u>				Date <u>9-24-03</u>	
REGISTERED AGENT MUST SIGN					
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)(g), 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: <u>[Signature]</u>				Date <u>9-24-03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>813-854-3449</u>	

CZ0011/1002

7/9/25

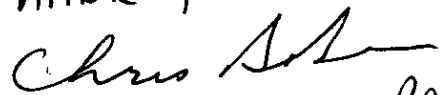
SUPERIOR HEATING & COOLING MANAGEMENT, INC.

785 Dunbar Ave. • Oldsmar, FL 34677 • 1-800-640-8634 • Fax (813) 814-9374
Zephyrhills 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 150⁰⁰ 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, PRES.

enc. dup Appl.
150⁰⁰ check #1029