

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017170**

1. Corporation Name
**HACKER'S AIR CONDITIONING
& APPLIANCE SERVICE, INC.**

2. Principal Office Address

2989 SW 137 TEW.

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33330

Country

U.S.A

3. Mailing Office Address

2989 SW 137 TEW.

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33330

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 8 1993.

5. FEL Number

65-0392602

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

Xavier A Hacker

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

2989 SW 137 TEWACE

Suite, Apt. #, Etc.

W/A

City

DAVIE

State

FL

Zip Code

33330

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

Xavier Hacker

REGISTERED AGENT MUST SIGN

Date **07-27-04**

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
Sec(S)	Dionne Christie	2989 SW 137 TEW	DAVIE, FL 33330
pres.	Xavier Hacker	2989 SW 137 TEW.	DAVIE, FL 33330.
(P)			

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:

Xavier Hacker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-27-04 (954) 452-1117

Date

Daytime Phone #

CR2E001 (10/02)