

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 MAR -8 PM 2:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000040959

1. Corporation Name

CERTIFIED AIR CONDITIONING, INC.

Principal Place of Business

831 Sweet Pine Pt.
 Inverness, FL 34452

Mailing Address

P.O. Box 1776
 Inverness, FL 34451

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

REINSTATEMENT 95-99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6-10-93

5. FEI Number

59-3190350

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Mark R. Rogers	831 Sweet Pine Pt.	Inverness, FL 34452
Secty./ Treas.	Karen M. Rogers	831 Sweet Pine Pt.	Inverness, FL 34452

500002806435--5
 -03/15/99--01137--003
 ***1350.00 ***1350.00

500002806435--5
 -03/15/99--01137--004
 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Mark R. Rogers
 831 Sweet Pine Pt.
 Inverness, FL 34452

9. Name and Address of New Registered Agent

Name
 Mark R. Rogers
 Street Address (P.O. Box Number is Not Acceptable)
 831 Sweet Pine Pt.
 Suite Apt #, Etc

City
 Inverness

State
 FL

Zip Code
 34452

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

Mark R. Rogers

REGISTERED AGENT MUST SIGN

Date 3-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Mark R. Rogers

Mark R. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 352-344-0323

Date Daytime Phone #

CR2E08/12/98