

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P930000 42901

1. Corporation Name

TEAGUE's American Air Conditioning Inc

Principal Place of Business

CAPE CORAL, FL.  
10 Box 150177 33915

Mailing Address

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6-17-93
City & State	City & State	5. FEI Number
Zip	Zip	Applied For 59-3182038
Country	Country	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Kent Teague	2323 58 10 <sup>th</sup> Ave	CAPE CORAL, FL 33990
Secretary			
			200002528732--5 -05/19/98--01040--001 ***1058.75 ***1058.75

REINSTATEMENT

CR2E040 (1/98)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Kent Teague 2323 58 10 <sup>th</sup> Ave CAPE CORAL FL 33990	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State <b>FL</b>
	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

Kent E. Teague  
REGISTERED AGENT MUST SIGN

Date 5/18/98

11. This corporation owes or has paid 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:

Kent E. Teague KENNETH E. TEAGUE 5/18/98 574 1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #