

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT -9 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009426**

**1. Corporation Name**

**SCOTT'S HEATING & AIR CONDITIONING, INC.**  
**2727 NW 6TH STREET**  
**GAINESVILLE, FL 32609**

**W00-41712**

**2. Principal Office Address**

**2727 NW 6TH ST.**

Suite, Apt. #, etc.

City & State

**GAINESVILLE, FL**

Zip

**32609**

Country

**ALACHUA**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**59-3216206**

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

**FRANKLIN T. SCOTT**

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

**2727 NW 6TH STREET**

Suite, Apt. #, Etc.

City

**GAINESVILLE**

State

**FL**

Zip Code

**32609**

**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

**Franklin T. Scott**

Date

**9/18/06**

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
P/D	FRANKLIN T. SCOTT	6101 NW 27 Terr	Gainesville Fla 32653
V/P/D	Cassandra Ann Smith	3166 NW 11 St	Gainesville Fla 32604
T/D	Elmer Dwight Stokes	13433 NW 135 Dr.	Alachua Fla. 32615
S/D	Charlene Kay Mayberry	601 SW 266 St.	Newberry Fla 32669

300090962623  
10/18/06--0104E--003 \*\*500.00

**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 contained in Chapter 119, 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:**

**Franklin T. Scott**

**9/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

**SCOTTY'S HEATING AND AIR CONDITIONING, INC.**

2727 NW 6<sup>th</sup> Street  
Gainesville, Florida 32609  
352-376-1029  
Fax 352-376-0325

April 8, 2006

Florida Department of State  
Division of Corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of *Scotty's Heating & Air Conditioning, Inc.*

Dear Sir or Madame:

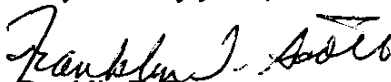
Enclosed herewith please find original of the Corporation Reinstatement completed form, requesting the reinstatement of Scotty's Heating & Air Conditioning, Inc.

I did not receive any further notices or annual report forms since 2002. If you have any questions, please do not hesitate to contact me at the telephone number listed above.

I am enclosing our company check in the amount of \$750.00 as the Reinstatement Fee, annual report Fee and the Corporate supplemental Fee, as set forth in your instructions and as stated by one of your assistants on the telephone.

Thank you in advance for your cooperation in this matter.

Very cordially yours,

  
Franklin T. Scott

Enclosures