

FROM :

FAX NO. :

Feb. 25 2004 11:09AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 23 AM 8:47

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000018524

1. Corporation Name
**AIRTIME AIR CONDITIONING +
REFRIGERATION, INC.**
5994 OVERSEAS HWY.
MARATHON, FL 33050

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida**03/01/94**

5. FEI Number

15-0474589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 a national fee required
for a Certificate of Status**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name

ROBERT K. MILLER

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

2975 OVERSEAS HWY.

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

8. I, being Appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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	LARRY RICHARDS	5994 OVERSEAS HWY. MARATHON, FL 33050	
VP	KAREN RICHARDS	"	200029735662 03/23/04--01055--008 **150.00

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 under section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-04

Date

305 743 3838

Daytime Phone #

CREDIT (10/04)

7

Air-Tite A/C&Refrig.
743-3838 **NEW YORK**
Bram's Appliance
743-4021 **FLA**
5994 Overseas Hwy
24 Hr. Service

*Did not receive Renewal paper work
due to change of address*

*Larry Richards
President.
Airtite A/C & REF. INC.
2/27/04*