

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039365

1. Corporation Name

DELL'S AIR CONDITIONING & HEATING, INC.

Principal Place of Business

105 HANNON MILL ROAD
TALLAHASSEE FL 32305
US

Mailing Address

105 HANNON MILL ROAD
TALLAHASSEE FL 32305
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country



REINSTATEMENT 03

05/25/1994

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3231953

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)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D PRES.	TAYLOR, DAVID		105 HANNAN MILL ROAD		TALLAHASSEE FL 32305	
V.P.	VIKTOR RAZON		105 HANNAN MILL RD		TALLAHASSEE FL 32305	
				400024336434		
				10/31/03--01078--002	**50.00	
				000024000750		
				10/22/03--01011--024	**700.00	

8. Name and Address of Current Registered Agent

TAYLOR, DAVID
105 HANNON MILL ROAD
TALLAHASSEE FL 32305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10-1-03

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-03

Date

Daytime Phone #

CR2E040 (7/03)