

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000091185

1. Corporation Name
Hopson Air Conditioning, Inc.
7600 Old Stokes Rd
Frostproof, FL 33843

2. Principal Office Address
7600 Old Stokes Rd
Suite, Apt. #, etc.

3. Mailing Office Address
7600 Old Stokes Rd
Suite, Apt. #, etc.

City & State
Frostproof, FL

City & State
Frostproof, FL

Zip Country
33843 USA

Zip Country
33843 USA

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida 12-15-94

5. FEI Number 59-3300604 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

KE

Name BRAD Hopson

Street Address (P.O. Box Number is Not Acceptable)
7600 Old Stokes Rd

Suite, Apt. #, Etc.

City Frostproof State FL Zip Code 33843

800003312378-9
-07/05/00--01013--001
****900.00 ****900.00

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 [Signature] Date 6-18-00
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
Pres	BRAD E. Hopson	7600 Old Stokes Rd	Frostproof, FL 33843
Sec	Julie R Hopson	7600 Old Stokes Rd	Frostproof, FL 33843

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)(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] BRAD E. Hopson Date 6-18-00 Daytime Phone # 863-381-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)