

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000023372

1. Corporation Name

NELSON HEATING AC INC.

Principal Place of Business

7720 NO. MOONWIND TERRACE
DUNNELLON FL 34443

Mailing Address

7720 NO. MOONWIND TERRACE
DUNNELLON FL 34443

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

2. New Principal Office Address, If Applicable

Nelson's Heat AC INC

Suite, Apt. #, etc.

5782 W. MEADOW PARK

City & State

CRYSTAL RIVER, FLORIDA

Zip

34429

Country

CITRUS

3. New Mailing Office Address, If Applicable

5782 W. MEADOW PARK

Suite, Apt. #, etc.

CRYSTAL RIVER, FLORIDA

City & State

Zip

34429

Country

CITRUS

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1995

5. FEI Number

59-1543713

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	UPTON, NELSON	7720 NO. MOONWIND TERRACE	DUNNELLON FL 34443
SD	UPTON, THOMAS	7720 NO. MOONWIND TERRACE	DUNNELLON FL 34443

900008766169

11/04/02--01002--003 **750.00

8. Name and Address of Current Registered Agent

UPTON, NELSON
7720 NO. MOONWIND TERRACE
DUNNELLON FL 34443

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Nelson Upton SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Nelson Upton SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)