

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000025060

**FILED**  
**Jul 27, 2014**  
**Secretary of State**

**Entity Name:** SARGEANT AIRCONDITIONING INC.

**Current Principal Place of Business:**

3362 NW 69 ST  
HIALEAH, FL 33011

**New Principal Place of Business:**

1083 E 23 ST  
HIALEAH, FL 33013

**Current Mailing Address:**

140 E 41 ST  
HIALEAH, FL 33013

**New Mailing Address:**

1083 E 23 ST  
HIALEAH, FL 33013

**FEI Number:** 65-0579883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELTON, DAVID A SR.  
140 E 41 ST  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

MELTON, DAVID A SR.  
2431 ALLING TER  
NORTHPORT, FL 34286 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID A MELTON, SR.

07/27/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MELTON, DAVID A SR.  
Address: 2431 ALLING TER  
City-St-Zip: NORTHPORT, FL 34286

Title: V  
Name: THOMPSON, BOBBY J  
Address: 14341 LEANING PINE DR  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY J THOMPSON

VP

07/27/2014

Electronic Signature of Signing Officer or Director

Date