

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 APR 29 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p95000040132

1. Corporation Name

A Good Air Conditioning & Appliance Service, Inc

Principal Place of Business

Mailing Address

3506 N. FEDERAL Hwy
Delray FL 33483

3506 N. FEDERAL Hwy
Delray FL 33483

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1995

5. FEI Number

65-058326

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)

1. (Initials)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Michael P. Johnson	41 NE 21 STR	Pompano FL 33060
V	Shirley J. Walter	866 NW 25 AVE	Delray FL 33445
M	Charles E. Walter	866 NW 25 AVE	Delray FL 33445
T	Debra A. Johnson	41 NE 21 str	Pompano FL 33060

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cherry, Al
2833 NE 13 AVE
Pompano FL 33064

Name

Johnson, Michael P.

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

41 Ne 21 str

Suite, Apt. #, Etc.

City

Pompano

State

FL

Zip Code

33060

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.

Signature of
Registered Agent

Michael P. Johnson

REGISTERED AGENT MUST SIGN

100002163491-3

05/07/97 01005 010

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

Solely on intangible tax.

12. 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:

Michael P. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

(861) 733-8660

Daytime Phone #

CR2040 (12/96)