

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029252

1. Corporation Name

AIR COMFORT MECHANICAL, INC.

Principal Place of Business

Mailing Address

~~921 NORTH 70TH TERRACE
HOLLYWOOD FL 33024
US~~

~~321 NORTH 70TH TERRACE
HOLLYWOOD FL 33024
US~~



REINSTATEMENT 07

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0664591

Applied For

Not Applicable

City & State

Plantation FL

City & State

Plantation FL

Zip

33322

Country

US

Zip

33322

Country

US

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name(s) and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	KUEFLER, JOHN	9120 NW 17th ST	Plantation FL 33322
			100024580151 11/12/03--01010--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kuefler, JOHN
7780 NW 67TH ST
HOLLYWOOD FL 33024

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954
10/26/03 444-7109
Date Daytime Phone #

CR2E040 (7/03)

November 6, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: AIR COMFORT MECHANICAL, INC.
DOC # P96000029252

GENTLEMAN:

THIS LETTER IS ASKING A WAIVER OF ADDITIONAL ASSESSEMENTS FOR THE FOLLOWING REASONS:

1. THE ORIGINAL ANNUAL REPORT HAD GONE TO THE ORIGINAL OWNER AND WAS NOT GIVEN TO ME AT ALL.
2. I PURCHASED THIS BUSINESS IN 2002, AND THE ORIGINAL OWNER NEVER GAVE ME ANY DOCUMENTS TO BE FILED FOR THE CURRENT YEAR.

I AM ENCLOSING MY CHECK IN THE AMOUNT OF \$150.00 FOR THE ANNUAL FEE IN HOPES THAT YOU WILL CONSIDER THE ABOVE INFORMATION THAT WAS NOT MY FAULT.

THANK YOU FOR YOUR CONSIDERATION.

VERY TRULY YOURS,


JOHN KUEFLER, PRESIDENT
AIR COMFORT MECHANICAL, INC.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 14, 2003

AIR COMFORT MECHANICAL, INC.
9120 nw 17th street
plantation, FL 33322 US

SUBJECT: AIR COMFORT MECHANICAL, INC.
Ref. Number: P96000029252

We have received your document for AIR COMFORT MECHANICAL, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 403A00062013