


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED

02 APR 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 096000083870			
1. Corporation Name Airco Heating & Cooling Corp.			
2. Principal Office Address 3119 Yukon Dr. Suite, Apt. #, etc.		3. Mailing Office Address 3119 Yukon Dr. Suite, Apt. #, etc.	
City & State Port Charlotte FL Zip 33948 Country USA		City & State Port Charlotte FL Zip 33948 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/4/96		5. FEI Number 65-0703282 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Kevin B. Cheek		000005482880--1 -05/08/02--01003--028	
Street Address (P.O. Box Number is Not Acceptable) 3119 Yukon Dr.		*****150.00 *****150.00 000005482880--1 -05/08/02--01003--029	
Suite, Apt. #, Etc.		*****150.00 *****150.00	
City Port Charlotte	State FL	Zip Code 33948	

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 4/8/02

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
DPST	Kevin B Cheek	3119 Yukon Dr	Port Charlotte FL 33948
DV	Edward R Cheek	21286 Giddings Ave	Port Charlotte FL 33952

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] Kevin Cheek Date 4/8/02 (941) 626-1827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (9/01)



2182 Taunt Street
Port Charlotte, FL 33948

941-625-4440
1-800-231-4440

Page 2 of 2

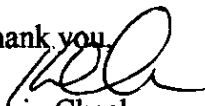
April 18, 2002

To Whom it may concern,

We were unable to file our annual report for the previous year (2001) due to an error pertaining to our address. The address does not contain the numerical portion, we feel this is the problem in which we did not receive our 2001 and 2002 reports. We were informed by one of your staff members to include a letter with our concerns and to pay the normal \$150.00 filing fee.

Please contact me with any questions at (941) 626-1827

Thank you,


Kevin Cheek
President