PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

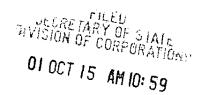
DOCUMENT # P9700001324

1. Corporation Name

SOUTH FLORIDA AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address



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			1000 NW BOCA RATON BLVD. BOCA RATON FL 33431						
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	addresses are incorrect in any way, line th incipal Office Address, If Applicable	ess, If Applicable	4 Data lassa	norted as Overlifted					
2. New Principal Office Address, if Applicable 5. New Wall			ing Chico radices, it ripplicates		Date Incorporated or Qualified To Do Business in Florida 01/07/1997			7/1007	
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, etc.				יטווט		
City & State Cit		City & State	City & State		5. FEI Number	65-0723659		Applied For	
City & State		City & State			<u> </u>			Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRE		Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	orida nonprofit o	corporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
P	LAVELLE, JOHN A	3000 NW BOCA RATON BLVD			BOCA RATON FL 33431				
٧	OLLERT, ROBERT C	3000 NW BOCA RATON BLVD			BOCA RATON FL 33431				
s	NOVAK, JASON E			3000 NW BOCA RATON BLVD			BOCA RATON FL 33431		
				18 P	12/12	10004F -10/23/ *****75	5 499 701010 50.00 *	1130 045021 ****750.00	
· · · · · · · · · · · · · · · · · · ·	8. Name and Address of Current		9. Name and	Address of New Re	egistered Ag	ent ent			
Name.									
i AVFI I	LE, JOHN A								
	IW BOCA RATON BLVD		Street Address (P.O. Box Number is Not Acceptable)						
	RATON FL 33431		Suite, Apt. #, Etc.						
Doort	1011 ON 12 00 101								
				City			State	Zip Code	
10. I, being	g appointed the registered agent of the ab	ove named corp	oration, am fam	niliar with and accept the o	bligations of Sec	tion 607.0505, F.S.		J	
Signature o	Agen	favelle EGISTERED AG	EENT MUST SI	(N) (1) (N) (N) (N) (N) (N) (N) (N) (N) (N) (N		Date	u/oi		
-1	, 🗸								
	r that I am an officer or director or the recenstatement application, the reason for diss								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR