

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 NOV 30 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029478

1. Corporation Name  
CLEAN AIR CONDITIONING, HEATING, AND APPLIANCE  
SERVICE, INC

Principal Place of Business Mailing Address  
6917 BENJAMIN ROAD SAME  
TAMPA, FL 33634

REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable 6717 BENJAMIN RD. Suite, Apt. #, etc. # 328 City & State TAMPA, FL Zip 33634 Country Hills		3. New Mailing Office Address, If Applicable 6717 BENJAMIN ROAD Suite, Apt. #, etc. # 328 City & State TAMPA FL Zip 33634 Country Hills		4. Date Incorporated or Qualified To Do Business in Florida 9/97	
				5. FEI Number 59-3460844	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	OSCAR URREA	6717 BENJAMIN ROAD #328	TAMPA FL 33634
V. PRES	DORA VASQUEZ	6717 BENJAMIN ROAD #328	TAMPA, FL 33634

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-12/04/98--01073--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSCAR URREA  
6717 BENJAMIN ROAD # 328  
TAMPA, FL 33634

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/20/98

Daytime Phone #

AD

CR2ED40 (1/98)