

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -3 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050169

1. Corporation Name

TRF county HEATING & Cooling

2. Principal Office Address

1523 NE 22 ST

Suite, Apt. #, etc.

City & State

Ocala FL

Zip 34470

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 00-04

4. Date Incorporated or Qualified To Do Business in Florida

1996

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAURICE CALLAHAN

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

1523 NE 22 ST

Suite, Apt. #, Etc.

Ocala FL 34470

City

State

FL

Zip Code

900043800869

01/03/05--01029--014 **1398.75

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]

REGISTERED AGENT MUST SIGN

Date

12-28-04

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
<u>P</u>	<u>MAURICE CALLAHAN</u>	<u>1523 NE 22 ST</u>	<u>Ocala FL 34470</u>
<u>VP</u>	<u>SCARLETT FREEMAN</u>	<u>19190 SE 2 ST</u>	<u>Williston FL 32686</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/04

Daytime Phone #

CR2E081 (07/04)