

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P97000064436

1. Corporation Name

RAY TRENT AIR CONDITIONING AND REFRIGERATION, I
NC.

Principal Place of Business

Mailing Address

301 SW 15TH ST
OKEECHOBEE FL 34974

301 SW 15TH ST
OKEECHOBEE FL 34974

3001 SW 3rd Ter.

3001 SW 3rd Ter.

Okeechobee, FL 34974

Okeechobee, FL 34974

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

3001 SW 3rd Ter. Okeechobee, FL 34974

3001 SW 3rd Ter. Okeechobee, FL 34974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34974

Country

Zip

34974

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1997

5. FEI Number

650780660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TYLER, JAMES N	301 SW 15TH ST	OKEECHOBEE FL 34974
	RAY TRENT	3001 SW 3rd Ter.	Okeechobee, FL 34974

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TYLER, JAMES N
301 SW 15TH ST
OKEECHOBEE FL 34974

Name
RAY TRENT
Street Address (P.O. Box Number is Not Acceptable)
3001 SW 3rd Ter.
Suite, Apt. #, Etc.

City
Okeechobee
State
FL
Zip Code
34974

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

Ray Trent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-3-98

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:

Ray Trent
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-98
Date

941-357-2717
Daytime Phone #



APPROVED
AND
FILED

98 DEC -7 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/98)