

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 18 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093845

1. Corporation Name

APPLE AIR CONDITIONING AND HEATING, INC.

149 S WOODLAND STREET
P.O. BOX 246

2. Principal Office Address

149 S WOODLAND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 246

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

OCOE, FL

Zip

34787

Country

US

Zip

34761

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida 10-31-97**

5. FEI Number

59-3475198

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

PETER L. LATTNER, JR.

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

16902 WINTER ROAD

Suite, Apt. #, Etc.

City

MONTVERDE

State

FL

Zip Code

34756

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

Date 10-13-04

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
P	PETER L. LATTNER, JR.	16902 WINTER ROAD	MONTVERDE, FL 34756
V	JOHN K. BUTLER	3 DELAWARE STREET	OCOE, FL 34761

400041939714
10/18/04--01068--025 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. BUTLER

Date

10-13-04 407-654-3777

Daytime Phone #

CR2E081 (01/04)

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APPLE AIR CONDITIONING AND HEATING, INC
P.O. Box 246
OCOEE, FL 34761

October 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find enclosed a Corporation Reinstatement Form for the year 2004, and a check in the amount of \$150.00 for the annual fee.

After speaking with a representative of your office, I learned that the original Annual Report form, mailed to the corporation in January 2004, had been returned to your office via the United States Postal Service. I'm not sure why this happened, but the result was that I never received the form. Now the corporate status of Apple Air Conditioning and Heating, Inc. has been dissolved, and reinstatement is necessary.

Due to the mix-up in the delivery of our Annual Report form, I request that you waive the \$750.00 reinstatement fee, and accept this Corporation Reinstatement form and payment as being timely filed.

I thank you for your assistance in this matter.

Sincerely,

Peter L. Latner, Jr.
President

