

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000004260**

1. Corporation Name

**SAWGRASS AIR CONDITIONING
AND APPLIANCE SERVICE, INC.**

2. Principal Office Address

10746 N.W. 53RD
Suite, Apt. #, etc.

3. Mailing Office Address

10746 NW 53RD
Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/14/1998

5. FEI Number

650803206

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

ROBERT MORALES

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

10746 N.W. 53 STREET

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

05/14/04

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
① PRES.	ROBERT MORALES	10746 N.W. 53 ST	SUNRISE, FL 33351

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

ROBERT MORALES

Date

05/14/04

Daytime Phone #

9042958259

CR2E081 (01/04)

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