

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Air Conditioning & Heating Medicine Inc.

198000011411

2. Principal Office Address

173 Melton Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

City & State

Zip

Country

34982 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-8-98

5. FEI Number

65-0811684

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

Mark Campbell

500006661365-9

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

1268 S.E. Naples Lane

-07/25/02--01049-013

*****300.00 ****300.00*

Suite, Apt. #, Etc.

City

PSL

State

FL

Zip Code

34983

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 *6-17-02*

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
<i>Owner President</i>	<i>MARK Campbell</i>	<i>1268 SE NAPLES LN. Port St Lucie FL 34983</i>	<i>Port St Lucie, FL 34983</i>

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] *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-02

Date

772 -

336-0313

Daytime Phone #

CR2E081 (8/01)

AIR CONDITIONING
& HEATING MEDIC, INC.
173 MELTON DR.
FORT PIERCE FL. 34982
P#772-336-0313 F#772-871-9421

To whom it may concern,

This is a letter to reinstate our company name. When we moved 2 years ago we thought the mail would forward to the new address. My C.P.A. said did you reinstate your company? That was when we researched our company on line and found out that the letters had not reached us, so I am typing this letter to you so that I can take care of this.

Thank you,
Mark Campbell-President