

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000011411

1. Corporation Name

AIR CONDITIONING & HEATING MEDIC, INC.

Principal Place of Business

Mailing Address

173 MELTON DR
FT. PIERCE FL 34982

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FT. PIERCE FL 34982

FILED
04 MAR 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1268 S.E. Naples Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1268 S.E. Naples Lane
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1998

5. FEI Number

65-0811684

Applied For

Not Applicable

City & State

Port St. Lucie Florida

City & State

Port St. Lucie Florida

Zip

34983

Country

U.S.A.

Zip

34983

Country

U.S.A.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CAMPBELL, MARK	1268 SE NAPLES LANE	PORT SAINT LUCIE FL 34983

700031369787
03/30/04--01018--003 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, MARK
1268 SE NAPLE LANE
PORT ST. LUCIE FL 34983

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark Campbell
REGISTERED AGENT MUST SIGN

Date

3-1-04

11. 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:

Mark Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-04

Daytime Phone #

CR20040 (7/03)