

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR -7 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000041616**

1. Corporation Name

C & M AIR CONDITIONING REPAIR CORP.

400093729684
03/19/07--01032--022 **1050.00

2. Principal Office Address - No P.O. Box #

1330 NW 30TH ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

SAME

Zip

33142

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5/06/1998

5. FEI Number

650696649

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

ANTHONY H. MUNROE

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

1330 N.W. 30TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

Anthony H. Munroe

REGISTERED AGENT MUST SIGN

Date **2 12 07**

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	ANTHONY H. MUNROE	1330 NW 30th ST MIAMI FL 33142	MIAMI, FL 33142

REINSTATEMENT

A-07

B 3/9/07

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 contained in Chapter 119, 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:

Anthony H. Munroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2 12 07** Daytime Phone #