

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000057689**

1. Corporation Name

TRI-COUNTY SERVICES AIR CONDITIONING & HEATING, INC.

Principal Place of Business

Mailing Address

5861 TIMAQUANA RD
JACKSONVILLE FL 32210
US

PO BOX 381972
JACKSONVILLE FL 32238
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3519443

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HENRY, JAMES R	5542 ENCHANTED DRIVE	JACKSONVILLE FL 32244
DST	WILLIAMS, RICKY P	5732 BLACKTHORNE RD	JACKSONVILLE FL 32244
OPST	Williams, Ricky P.	6864 Ricker Rd	Jacksonville FL 32244

300024604493

11/12/03-01014--022 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, JAMES R
5542 ENCHANTED DRIVE
JACKSONVILLE FL 32244

Name

Ricky P. Williams

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

6864 Ricker Road

Suite, Apt. #, Etc.

Jacksonville

City

Jacksonville

State

FL

Zip Code

32244

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

Ricky P. Williams

REGISTERED AGENT MUST SIGN

Date 10/27/03

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:

Ricky P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/03

(904) 573-9140

CR2E040 (7/03)