	`. .	PLEASE READ	ALLINST	RUCTIONS	S BEFORE (COMPLET	ING THIS FORM.		
APPLICATION CONTROL TO STATE Katherine Harris							*De		
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE: DIVISION OF CORPORATIONS			
DOCUMENT # P98000072660 1. Corporation Name						01 OCT 22 PM 6: 50			
TED'S HEATING & AIR CONDITIONING, INC.									
			Mailing Address			11401131	IAN NEWA TAKA ANIIS KAIRI ANIA SAIR IN	INE HEND BUILE BUILE EDIT HEDI	
1732 RACIMO DRIVE SARASOTA FL 34240			1732 RACIMO DRIVE SARASOTA FL 34240						
								e de	
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. Data incom	porated or Qualified		
Suite, Apt. #, etc.			Suite, Apt. #,			Date Incorporated or Qualified To Do Business in Florida 08/17/1998			
City & State			City & State			5. FEI Numbe	65-0887063	Applied For Not Applicable	
Zip Country		Zip Country		try	6. CERTIFICATE OF STATUS DESIRED or a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titte(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo			City / Sta	te / Zip	
P	WENTZEL, TED P		1732 RACIMO DR		DR	SARASOTA FL 34240		12	
				<u></u>	<u> </u>				
					 -				
						3000046690639 -11/06/0101057016 ****150.00 *****150.00			
) 									
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
WENTZEL, TED.P.SR.							In New Assessment Street	40 (8/01)	
1/32 RACIMO DRIVE									
SARASOTA FL 34240 Suite, Apt. #, Etc.						State Zip Code			
City						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.									
Signature of Registered Agent INFO DEREQUIRED Date 10 18 10 10									
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.									

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

/0/18/0/ Date Daylime Po

October 15, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this letter to ask you to abate the late filing penalty. This is the first notice we have received on the renewal. Had we received the notice, I would have sent the \$150.00 in at the renewal time.

Again, please abate the penalty, as this was not paid unintentionally.

Sincerely,