

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Cantelmo
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000077080**

1. Corporation Name

DEPENDABLE HEATING AND AIR CONDITIONING, INC.

Principal Place of Business

5921 ~~SW~~ 68TH STREET
SUITE 105
OCALA FL 34472

Mailing Address

5921 ~~SW~~ 68TH STREET
SUITE 105
OCALA FL 34472



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

2. New Principal Office Address, If Applicable

5921 SE 68 Street
Suite, Apt. #, etc. **Suite 105**

City & State
Ocala, FL

Zip
34472

Country
USA

3. New Mailing Office Address, If Applicable

5921 SE 68 ST
Suite, Apt. #, etc. **Suite 105**

City & State
Ocala, FL

Zip
34472

Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

09/01/1998

5. FEI Number

593531975

Applied For

Not Applicable

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
D	LAURITO, MIKE	5921 SW 68TH STREET, SUITE 105	OCALA FL 34472
D	LAURITO, MICHELE	5921 SW 68TH STREET, SUITE 105	OCALA FL 34472

100003026861-8
-10/27/99--01087--015
150.00-13150.00

8. Name and Address of Current Registered Agent

LAURITO, MIKE
5921 ~~SW~~ 68TH STREET
SUITE 105
OCALA FL 34472

9. Name and Address of New Registered Agent

Name **LAURITO, Mike**
Street Address (P.O. Box Number is Not Acceptable)
5921 SE 68 Street
Suite, Apt. #, Etc. **Suite 105**
City **Ocala**

State
FL

Zip Code
34472

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

Mike Laurito **MIKE LAURITO**

REGISTERED AGENT MUST SIGN

Date **10-15-99**

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: *Michele Laurito* **MICHELE LAURITO**

Date

Daytime Phone #

10-15-99 352-347-7400

DEPENDABLE HEATING AND AIR CONDITIONING, INC.

◆◆
5921 SE 68 STREET SUITE 105 ◆ OCALA, FL 34472
Phone 352-694-5201 ◆ Fax 352-347-8285 ◆

(2)

October 14, 1999

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Division of State Department of Corporations,

I am writing this letter to inform you that the first and second notice was never received to our office. Please grant us a one time waiver, this would be greatly appreciated. We are now aware it is our corporations responsibility to file a annual report by May 1st.

Sincerely,

Dependable heating and air conditioning, inc.
sec/director *Michele Laurito*