

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 10 PM 4:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000082916

1. Corporation Name

HOLIDAY AIR CONDITIONING, INC.

2. Principal Office Address
8380 STATE ROAD 84

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State

Zip
33324

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 09/24/98

5. FEI Number
65-0866308

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-09

7. Name and Address of Current Registered Agent

Name
HARVEY CULVAHOUSE

Street Address (P.O. Box Number is Not Acceptable)
8380 STATE ROAD 84

Suite, Apt. #, Etc.

City
DAVIE

State Zip Code
FL 33324

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

REGISTERED AGENT MUST SIGN

Date

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	HARVEY CULVAHOUSE	8380 STATE ROAD 84	DAVIE, FL 33324

700037765427
06/08/04--01047--001 **150.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Culvahouse
6/8/04

Date

Daytime Phone #

CR2E081 (01/04)

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

DATE: June 2, 2004

RE: P98000082916
Holiday Air Conditioning, Inc.

Dear Sirs:

Attached please find a check for \$150.00 as you requested. I have also enclosed the current corporate reinstatement. We are requesting that you waive the late fees since the corporate report for the year 2001 was never received. During this year we moved and we believe this is the reason for us not having received the original report.

The correct mailing address is as stated on the corporate reinstatement form:

8380 State Road 84
Davie, FL 33324

Sincerely,



Harvey Culvahouse
Holiday Air Conditioning, Inc.

May 25 04 09:30a

MAY-25-04 10:01 AM SEATECH

259 437 1202

P. 1
P. 01

1954 973 6231



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

10/2/03

May 19, 2004

HOLIDAY AIR CONDITIONING, INC.
C/O CHAD CULVAHOUSE
17595 SOUTH TAMiami TrL #108
FT MYERS, FL 33908

SUBJECT: HOLIDAY AIR CONDITIONING, INC.
Ref: Number: P98000082916

We have received your document for HOLIDAY AIR CONDITIONING, INC. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$600.00.

There is a balance due of \$150.00. If a certificate of status is desired, please add an additional \$8.75

The attached letter requesting a waiver of the penalty fee must be signed by an officer/director of the corporation.

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 904A00035091