

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000091996

**1. Corporation Name**

FLORIDA ELECTRIC & AIR CONDITIONING INC

**2. Principal Office Address**

2948 CLUBHOUSE DR W

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33761

Country

**3. Mailing Office Address**

4378 PARK BLVD

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL

Zip

33781

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 10.28.1998

**5. FEI Number**

59-3546349

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

**REINSTATEMENT** 02-04

MRS

**7. Name and Address of Current Registered Agent**

Name

LESZEK DYDYSKI

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

2948 CLUBHOUSE DR W

Suite, Apt. #, Etc.

City

CLEARWATER

State  
FL

Zip Code  
33761

000030066320  
03/03/04--01035--028 \*\*450.00

**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

*Leszek Dydyński*

REGISTERED AGENT MUST SIGN

Date 03.03.2004

**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	LESZEK DYDYSKI	2948 CLUBHOUSE DR W	CLEARWATER FL 33761

**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:**

*Leszek Dydyński*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.03.2004

Date

Daytime Phone #

CR2E081 (01/04)