

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
TAMMIE HARRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012906

1. Corporation Name

FLORIDA CONDITIONED AIR, INC.

Principal Place of Business

152 GODFREY AVE
PORT CHARLOTTE FL 33952

Mailing Address

152 GODFREY AVE
PORT CHARLOTTE FL 33952

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

2. New Principal Office Address, If Applicable

122 SE LeLand St
Port Charlotte
FL 33952

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

02/08/1999

5. FEI Number

65-0914212

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	LOPINSKI, CHRIS A	152 GODFREY AVE	PORT CHARLOTTE FL 33952
D	LOPINSKI, THERESA	152 GODFREY AVE	PORT CHARLOTTE FL 33952

400003455244--4
-11/07/00--01072--013
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPINSKI, CHRIS A
152 GODFREY AVE
PORT CHARLOTTE FL 33952

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Chris A. Lopinski 10-18-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

2062

October 18, 2000

Florida Department of State
Division of Corporations
P. O. Box 5327
Tallahassee FL 32314-6327

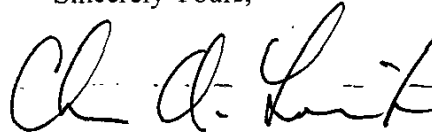
Florida Conditioned Air
122 SE Leland Street
Port Charlotte FL 33952-9129

Re Annual Report Fee

To whom it may concern:

Please be advised our previous address was 152 Godfrey (NE) Port Charlotte FL 33952-9008: You show the address of 152 Godfrey without NE included in the address. We recently moved to the above mentioned address and received your notice of dissolution. We never received a bill for the \$150.00 annual fee charge and this the 1st year we have ever been incorporated. Please accept the \$150.00 for last years fee charge. We are sorry for any inconvenience.

Sincerely Yours,



Chris A Lopinski
Florida Conditioned Air