

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034951

1. Corporation Name

SOUTH BREEZE AIR CONDITIONING & HEATING, INC.

Principal Place of Business

Mailing Address

~~4994 DEANNA LANE~~
~~PORT PIERCE FL 34946~~
FT. Pierce, FL 34982

~~4994 DEANNA LANE~~
~~PORT PIERCE FL 34946~~
3241-A2 Oleander Ave
FT. Pierce, FL 34982

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

3241 A2 Oleander Ave
Suite, Apt. #, etc.

3241 A2 Oleander Ave
Suite, Apt. #, etc.

City & State

FT. Pierce, FL

City & State

FT. Pierce, FL

Zip

34982

Country

St. Lucie

Zip

34982

Country

St. Lucie

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

5. FEI Number

65-0915815

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CREWS, WILLIAM D	4994 DEANNA LANE	FORT PIERCE FL 34946

200023964462
10/21/03--01037--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CREWS, WILLIAM D
4994 DEANNA LANE
FORT PIERCE FL 34946

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. or 617.0505, F.S.

Signature of
Registered Agent

William D. Crews

REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

William D. Crews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

Daytime Phone #

CR2E040 (7/03)

10-16-03

Dear Sir:

We did not received the uniform
business report form for 2003.
Therefore we are requesting a waiver
of the penalty fee.

Thank You
Wm. D. Creus