

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000046273

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** ALL SEASON AIR CONDITIONING & HEATING, INC.

**Current Principal Place of Business:**

3659 LAKE BREEZE DR  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

3659 LAKE BREEZE DR  
LAND O'LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 59-3588511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUAYLE, KEVIN D  
3659 LAKE BREEZE DR  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN QUAYLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: QUAYLE, KEVIN D  
Address: 3659 LAKE BREEZE DR  
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP  
Name: DESCHENES, MICHAEL  
Address: 3659 LAKE BREEZE DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: D  
Name: QUAYLE, KATHERINE T  
Address: 3659 LAKE BREEZE DR  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN QUAYLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

09/28/2010

\_\_\_\_\_  
Date