

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 21 PM 4:09

DEPARTMENT OF STATE
ALBANY, FLORIDA

DOCUMENT # P99000052256

1. Corporation Name

BREVARD AIR CONDITIONING & HEATING, INC.

600104671776
06/21/07--01045--007 **\$200.00

REINSTATEMENT 03-07

2. Principal Office Address - No P.O. Box #
1650 YATES DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

Zip
32952

Country
BREVARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

060799

5. FEI Number
593561861

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CURT R. IFFINGER

Street Address (P.O. Box Number is Not Acceptable)
1650 YATES DRIVE

Suite, Apt. #, Etc.

City
MERRITT ISLAND,

State
FL

Zip Code
32952

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
D	CURT R. IFFINGER	1650 YATES DRIVE	MERRITT ISLAND, FL 32952
P	OLGA IFFINGER	1650 YATES DRIVE	MERRITT ISLAND, FL 32952
VP	VINCENT BARTON	2011 HOFSTRA DRIVE	COCOA, FL 32926

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 contained in Chapter 119, 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

CURT IFFINGER

Date

6/18/07 321 853 2873

Daytime Phone #