

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE



Katherine
Secretary

REINSTATEMENT

DOCUMENT # P99000069414

1. Corporation Name

CENTRAL AIR CONDITIONING SERVICE FOR HOMES, INC

FILED

00 NOV -6 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

3030 NORTHEAST 47TH STREET
LIGHTHOUSE POINT FL 33064

3030 NORTHEAST 47TH STREET
LIGHTHOUSE POINT FL 33064

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0938489

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	MURPHY, JAMES	3030 NORTHEAST 47TH STREET	LIGHTHOUSE POINT FL 33064

4000003473184--0
-11/21/00--01097--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

954-875-0866

Daytime Phone #

KE

2052

CENTRAL AIR CONDITIONING SERVICE FOR HOMES, INC
3030 N.W. 47th STREET
LIGHTHOUSE POINT, FL 33064

Thursday, November 02, 2000

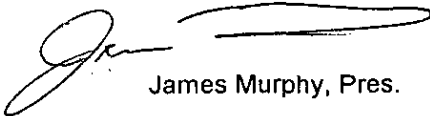
Department of State
Annual Report filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We hereby request a waiver of the penalties imposed and Re-instatement for the 2000 annual report.

My business did not receive a form or any notification for the first filing or a late filing. The only report I received was a Notice of Administrative Dissolution.

Sincerely,

A handwritten signature in black ink, appearing to read 'James', followed by a long horizontal line.

James Murphy, Pres.