2004 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT#P9900001	70300			A	F	ILED	
HOOKS F	HEATING & GAS APPLIA	NCE REPAIR, INC.				04 NOV	18 AM 8:	35
Dringing Diag	a of Cyclesos	Malling Address	•	800 WE 180		SECRET/	ARY OF STA	.TF
Principal Place of 8usiness Mailing Address 3816 HOLLISTER PLACE 3816 HOLLISTER PLACE			CE			TALLAHA	SSEE, FLOR	RIDA
BRANDON, F	L 33511	BRANDON, FL 33511						•
2 Principal P	lace of Business	3. Mailing Address						
		·				.8718 18111 8.8111 8.8111 8.1	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10252004	REIN-P	CR2E098	(6/04)
City & State	e	City & State			4. FEI Number 59-3594796			Applied For Not Applicable
Zip	Country	Zip	Zip Country			E Cortificato at Status Desired		
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. Name and	Address of New	Registered Agen	Required 1
HOOKS M	MICHAEL E			Name	•			•
3816 HOLLISTER PLACE BRANDON, FL 33511					ess (P.O. Box Number is Not Acceptable)			
DIVANDON, I E 33311								
				City ·			FL	Zio Code
8. The above	named entity submits this statemen	it for the purpose of changing its	s register	ed office or regis	stered agent, or both	i, in the State of F	lorida. I am famili	iar with, and accept
SIGNATURE	Markai	UZ HOOKS)				11-14-	0+
-3/GNATURE;	Signature, typed or printed name of registered at	gent and title if applicable. (NOT	TE: Register	ed Agent signature re	quired when reinstating)		DATE	
	LE NOW!!! FEE IS \$150.00 nuary 1, 2005, Fee will be \$30	0.00		•		In accordance corporation di	with s. 607.193 d not receive the	3(2)(b), F.S., the prior notice.
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND DIR	;
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12. I hereby indicated	certify that the information supplied for this report or supplemental repo	with this filing does not qualify fo ort is true and accurate and that	or the exe	emption stated in ature shall have the	Section 119.07(3)(i he same legal effec). Florida Statutes t as if made unde	 I further certify the cath; that I am a 	nat the information n officer or director
of the col changed	on this report or supplemental report rporation or the receiver or trustee e , or on an attachment with an addre	muowered to execute this report ess/with all other like empowered	i as redu	red by Chapter I \Lambda	our, Fiorida Statute	s; and that my ha	me appears in Blo	OCK TO OF BIOCK 11 I
SIGNAT	rure:/// 🔑	News E. TR	18	[[]	lichael E	tooks	11-14-04	643-5881
	SIGNATORE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	R OR DIREC	TOR		Date	Daytime	e Phone #