

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081598

1. Corporation Name

DAVE BALL AIR CONDITIONING, HEATING & REFRIGERA
TION INC.

Principal Place of Business

Mailing Address

40 LEE LANE
MARY ESTHER FL 32569-142040 LEE LANE
MARY ESTHER FL 32569-1420

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

09/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID S BALL	40 LEE LANE	MARY ESTHER, FL 32569-1420
S	DAWN P BALL	40 LEE LANE	MARY ESTHER, FL 32569-1420
			300003459473
			11/09/00 01105-003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALL, DAVID J
40 LEE LANE
MARY ESTHER FL 32569-1420

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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: *David S Ball*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S BALL

Date

Daytime Phone #

10/12/00 850-240-2665

28

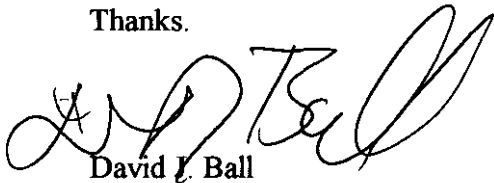
Dave Ball Air Conditioning, Heating & Refrigeration Inc.
40 Lee Lane
Mary Esther, Fl. 32569-1420

October 12, 2000

Divisions of Corporations
Annual Report/Reinstatement.
P.O. Box 6327
Tallahassee, Fl 32314-6327

Please be advised that I did not receive the original form . Please accept the enclosed check and reinstate the Corporation.

Thanks.


David J. Ball