

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081639

1. Corporation Name

AIR LOMFORT OF FLORIDA, INC.

2. Principal Office Address

1255 Belle Ave

3. Mailing Office Address

1255 Belle Ave

Suite, Apt. #, etc.

152

Suite, Apt. #, etc.

152

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/99

5. FEI Number

59-3606734

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

DAVID BLUMBERG

150-AR

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

1509 SEA GULL DRIVE

150-AR 150 TAMP ID

Suite, Apt. #, Etc.

City

TITUSVILLE FL 32796-3776

State

FL

Zip Code

32796-3776

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

David Blumberg

Date 11-23-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

400005892144-2

06/20/02-01065-011

****150.00 ****150.00

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

P DAVID BLUMBERG

1509 SEA GULL DRIVE

TITUSVILLE FL 32796

uplgt LINDA I. SMITH

127 ROBIN ROAD

ALTAMONTE SPRINGS FL 32701

400005892144-2

06/20/02-01065-012

****150.00 ****150.00

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 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:

Linda Smith

Date

Daytime Phone #

3-14-02

CR2E081 (9/00)

20f2

Air Comfort of Florida, Inc.
127 Robin Road
Altamonte Springs, FL 32701
407-359-6378

November 29, 2001

Florida Secretary of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

~~Reference: Reinstatement of Air Comfort of Florida, Inc.~~
P99000081639

Dear Sir,

Enclosed is our check for \$150 and a current UBR to
reinstate the above referenced entity.

Please waive the \$500 late fee as the original UBR was
sent to an incorrect address and returned to your office as
indicated on your records.

Thank you for your assistance.

Sincerely,



Linda I. Smith
Vice President