

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


03 OCT -7 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

300023595003
10/07/03--01009--008 **150.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000081639

1. Corporation Name
Air Comfort of Florida Inc.

2. Principal Office Address
1255 Belle Ave

3. Mailing Office Address
1255 Belle Ave

Suite, Apt. #, etc.
Suite 178 & 179

Suite, Apt. #, etc.
Suite 178 & 179

City & State
Winter Springs, Florida

City & State
Winter Springs, Florida

Zip Country
32708 USA

Zip Country
32708 USA

4. Date Incorporated or Qualified To Do Business in Florida 9/9/1999

5. FEI Number 593606734 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

Street Address (P.O. Box Number is Not Acceptable) 1508 Seagull Dr.

Suite, Apt. #, Etc.

City Titusville

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date 9-30-03

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
VP	Linda Smith	2934 Echosassa Trail	Oviedo FL 32765

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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03

Date Daytime Phone #

7/10/03

CR2E081 (10/02)