

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 25 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S02234**

1. Corporation Name
Harding's Air Conditioning & Electrical Contractors, Inc.

Principal Place of Business Mailing Address
131 Tomahawk DR #24 J.H.B. FL 32937 **same**

800002630448--7
-09/01/98--01068--013
***1358.75 ***1358.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 131 Tomahawk DR Suite, Apt. #, etc. #24 J.H.B. FL 32937	3. New Mailing Office Address, If Applicable SAME	4. Date Incorporated or Qualified To Do Business in Florida 4-6-92	5. FEI Number 59-3032803	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	DAVID HARDING	109 HARRIS BLVD	INDIALANTIC, FL 32903
Sec	DAVID T HARDING	418 TULOMA AVE N.E.	PALM BAY, FL 32909
Treas	JEFFREY HARDING	244 OCEANVIEW LANE	INDIALANTIC FL 32903

B 8/27
REINSTATEMENT 94-98

8. Name and Address of Current Registered Agent DAVID HARDING 109 HARRIS BLVD INDIALANTIC FL 32903	9. Name and Address of New Registered Agent Name DIANA L. HARDING Street Address (P.O. Box Number is Not Acceptable) 109 HARRIS BLVD Suite, Apt. #, Etc. INDIALANTIC FL City INDIALANTIC State FL Zip Code 32903
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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]* REGISTERED AGENT MUST SIGN Date **8-25-98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: **Diana L. Harding** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **8-25-98** Daytime Phone # **407 773-5169**

CR-92040 (12/96)