

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR 16 AM 10:11

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  
 INDIAN HARBOUR BEACH FL 32937  
 US

131 TOMAHAWK DR  
 #24  
 INDIAN HARBOUR BEACH FL 32937  
 US

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

09/13/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3032803

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HARDING, DAVID	109 HARRIS BLVD.	INDIALANTIC FL 32903
S	HARDING, DAVID T.	418 TULOMA AVE. N.E.	PALM BAY FL 32909
T	HARDING, JEFFREY	<del>244 OCEANVIEW LANE</del> 303 POLARIS ST	INDIALANTIC-FL 32903 SATELLITE BEACH, FL 32937
			800003184318-0 -03/27/00--01010--005 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDING, DIANA L.  
 109 HARRIS BLVD  
 INDIALANTIC FL 32903

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 3-13-00

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HARDING (P) 3-13-00

Date

321-773-5169  
 Daytime Phone #

KE

CR2E040 (8/99)