

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 02 FEB -6 PM 2:16

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **S54271**

1. Corporation Name

ELDER HEATING AND COOLING, INC.

Principal Place of Business

1046 SOUTH ELLIS ROAD
 JACKSONVILLE FL 32205

Mailing Address

1046 SOUTH ELLIS ROAD
 JACKSONVILLE FL 32205



REINSTATEMENT B *02*

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

2. New Principal Office Address, If Applicable

344 PALM CIRCLE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 2227

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1991

5. FEI Number

59-1652008

Applied For

Not Applicable

City & State

FLAGLER BEACH, FL

Zip

32136

Country

USA

City & State

FLAGLER BEACH, FL

Zip

32136

Country

USA

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	ELDER, JESSE L JR.	1046 S. ELLIS ROAD P.O. BOX 2227	JACKSONVILLE FL FLAGLER BEACH, FL 32136
S	ELDER, ELIZABETH S	1046 S. ELLIS ROAD P.O. BOX 2227	JACKSONVILLE FL FLAGLER BEACH, FL 32136
VD	ELDER, DANIEL E	1046 S ELLIS RD P.O. BOX 2227	JACKSONVILLE FL FLAGLER BEACH, FL 32136

100004931761-2
 -02/15/02--01071--010
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

ELDER, DANIEL E
 1046 SELLIS ROAD
 JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

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

344 PALM CIRCLE

Suite, Apt. #, Etc.

City

FLAGLER BEACH

State

FL

Zip Code

32136

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

02/05/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/05/02

Daytime Phone #

CR2E040 (8/01)