

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54271

1. Corporation Name

ELDER HEATING AND COOLING, INC.

Principal Place of Business

Mailing Address

344 PALM CIRCLE
FLGLER BEACH FL 32136

POST OFFICE BOX 2227
FLGLER BEACH FL 32136

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1991

5. FEI Number

59-1652008

Applied For

Not Applicable

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.	POST OFFICE BOX 2227	FLGLER BEACH FL 32136
S	ELDER, ELIZABETH S	POST OFFICE BOX 2227	FLGLER BEACH FL 32136
VD	ELDER, DANIEL E	POST OFFICE BOX 2227	FLGLER BEACH FL 32136

600024805926
11/18/03--01055--028 **750.00

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 ELDER DANIEL E
Street Address (P.O. Box Number is Not Acceptable)
344 Palm Cir
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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/10/03

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

11/10/03 (386) 4396 903
Date Daytime Phone #

CRE040 (7/03)