PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 DEC 15 PM 5:11

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60579

1. Corporation Name

Wayne's Heating & A/C Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5352 Cotton St. | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Graceville Fl, | City & State |
| Zip: 32440 Country: JACKSON | Zip Country |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6-19-1991

5. FEI Number: 59-3076159 ☐ 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: April Nichole Cartwright

Street Address (P.O. Box Number is Not Acceptable): 3300 ft 1st. ave. N.

Suite, Apt. #, Etc.

City: Bonifay State: FL Zip Code: 32425

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12/15/11--01027--004 **900.00

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: April Nichole Cartwright Date: 11/28/2011
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P | John Wayne Cartwright | 3297 1st. ave. N. | Bonifay, Fl. 32425 |
| VP | John Wayne Cartwright II | 2156 Sand Pond Rd. | Westville Fl. 32464 |
| S/T | Cynthia Sheele Cartwright | 3297 1st. ave. N. | Bonifay, Fl. 32425 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Cynthia Sheele Cartwright Cynthia S. Cartwright 11-28-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-263-4341

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