

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 AM 11:55

CORPORATION
REINSTATEMENT



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

DOCUMENT # S 73802

1. Corporation Name

All Seasons Air Conditioning &
Appliances Inc.

2. Principal Office Address

8209 N.W. 88th AVE

Suite, Apt. #, etc.

106

City & State

Tamarae FL

Zip

33321

Country

Broward

3. Mailing Office Address

8209 N.W. 88th AVE

Suite, Apt. #, etc.

City & State

Tamarae FL

Zip

33321

Country

Broward

200005175102--0

-03/28/02--01053--011

****308.75 ****308.75

4. Date Incorporated or Qualified
To Do Business in Florida

8-16-1991

5. FEI Number

650276992

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

DAWN NAGY Hamilton

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

8209 N.W. 88th AVE

Suite, Apt. #, Etc.

106

City

Tamarae FL

State

FL

Zip Code

33321

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

Dawn Nagy Hamilton

REGISTERED AGENT MUST SIGN

Date

3-12-02

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
PRES.	DAWN NAGY Hamilton	8209 N.W. 88 th AVE	Tamarae FL 33321

10. 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:

Dawn Nagy Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

(954) 726-4523

Daytime Phone #

CR2E081 (9/01)

3-12-02

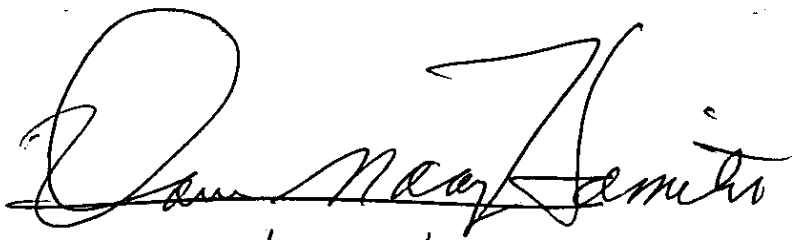
ATT: Michelle

AS per our conversation on 3-12-02

All Season's Air Conditioning Did NOT

Receive THE ANNUAL Report For 2001

Please FIND inclosed THE REINSTATEMENT
APPLICATION AND CHECK inclosed of 308⁷⁵
FOR REINSTATEMENT AND CERTIFICATE OF
STATUS. ✓

PRES x 
3/12-0/2