

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 4:50

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

300180417203
05/05/10--01036--027 **2558.75

CR2E081 (4/10)

DOCUMENT # **590670**

1. Corporation Name

**ALL CLIMATE HEATING & AIR
CONDITIONING, INC**

2. Principal Office Address - No P.O. Box #

4941-48th TERR. N.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**FL
ST. PETERSBURG**

City & State

Zip

33709

Country

PINELLAS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1991

5. FEI Number

☒ 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

LUIS A. MERCADO

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

4941-48th TERR. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33709

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Luis A. Mercado

Date **5/3/2010**

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	LUIS A. MERCADO	4941-48th TERR. N.	ST. PETE, FL 33709

10. E-mail Address:

COOLAIR11@AOL.COM

(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., 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.

SIGNATURE:

Luis A. Mercado

LUIS A. MERCADO

Date

5/3/10

Daytime Phone #

**727-522
7182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR