

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 10 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **593950**

1. Corporation Name

HVAC SYSTEMS Design, Inc.

2. Principal Office Address

~~P.O. Box 101044~~
1430 EL DORADO PKWY W.

Suite, Apt. #, etc.

P.O. Box 101044

3. Mailing Office Address **CAPE CORAL,**
~~SAFEE~~ **FL. 33910**

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

CAPE CORAL
~~SAFEE~~

Zip

33914

Country

U.S.A.

Zip

33910

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-0339162

Applied For

Not Applicable

6. **no**
CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VALERIE DIBIASI

700046901637

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

1430 EL DORADO PARKWAY W.

02/21/05--01010--003 **600.00

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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

Valerie DiBiasi
REGISTERED AGENT MUST SIGN

Date **2-7-05**

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.	Valerie DiBiasi	1430 EL DORADO PKWY W.	Cape Coral, FL 33914

REINSTATEMENT

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:

VALERIE DIBIASI

Valerie DiBiasi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-05

Daytime Phone #

239-542-4246

CR2E081 (01/04)

2-7-05

To Whom it may concern:

I am writing to advise you that I never received the annual reports for the years 2002 thru 2005.

I hope you will accept my reinstatement along with the \$600.00 I have sent.

If any additional information is needed, please call me at 239-542-4246.

Sincerely,
Vafenie Di Brasi