PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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V14064

1. Corporation Name

AIR CONDITIONING ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

97 OCT 27 PM 2: 01

SECRETARY OF STATE TALLAHASSEE, PLORIDA

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If above a	iddres se s are	incorrect in any way, I						, 196 SEF CE C		
New Principal Office Address, If Applicable 3. Now Maili			iling Office Address,	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/13/1992				
		Sulte, Apt. 4	Sulte, Apt. #, etc. City & State Zip Country		5. FEI Numbe	·r		Applied For		
		City & State					65-0312255			
		Zip			6. CERTIFICAT	ATE OF STATUS DESIRED for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Office	er and/or Director (Fi	lorida nonprofit corpo	prations must list at I	east 3 directors)				
Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		ch or (Numbers)	City / State / Zip			ļ	
P STENMARK, SIGVARD K.			 	PALD DRIVE. #4		FT. LAUDERDALI	G- P t			
			QQIII al		1) 52 ST		_		!	
VP	CTEMMAI	RK, SIGVARD K. III		77197 /	· / / · · · · · · · · · · · · · · · · · ·			26 0	335/	
AL.	OICHMA	IN, SICIYAND IV. III		2791 S.W. 718T TERRACE, #908				ریبر ۱	~ 200 I	
				5638 F		<u>51. </u>	Hollywood	1, PC	33021	
ŞT	STENMA	rk, Joseph W.		1710 S.W. 85TH TERRACE			MIRAMAR FL			
				8521 N	w. 4th s	ST	Pembroke	Pinis.	FC 33024	
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	<u> </u>						<u> </u>			
	8. Nar	ne and Address of Cu	rrent Registered Ag	gent		9. Name and	Address of New Regi	stered Age	ont A	
OLOV4	RD K. STE	MMADIZ			Name S/6.1	ADA K	Stenner	rt	(7)	8
					SIGUARD K Streel Address (P.O. Box Number			Stenmark Sir Is Not Acceptable) 5 2 57.		
1 10 LAKE EMERALD DRIVE, #4 05 * FT. LAUDERDALE PL 33309						5a ST.			Ņ	
rine	NODENDALI	:TL 33309			Suite Apt. #, E	lc.				Ö
		at the	177		SUNK	eicò		State Z	19 Code 33335/	
-10 L being	ennointed th	ne registered/agent of	se shove pamed corr	oration am familiar			ion 607 0505 F.S	<u> FL </u>	<u> </u>	
signature o Registered		XX.	maria	GENT MUST SIGN			Date/	0-24	-97	
		ration owes o Personal Pro			ear Yes 🏻	1 No □	(See d	other side fo on intangib	or information le tax.)	
this rein	statement an	officer or director or the plication, the reason to tion have been paid an true and accurate, and	r dissolution has bee	n eliminated, the cor	porate name satisfie	s the reculrements	of section 607.0401 c	r 617.0401	. F.S., that all fees	

SIGNATURE: SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING

10-2447 805362237
Date Daytime Phone #