

App brz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -6 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37619

1. Corporation Name

Air-O Heating & Cooling Systems, Inc

2. Principal Office Address

7214 cypress lake dr

Suite, Apt. #, etc.

City & State

Odessa

Zip
Florida

Country
USA

3. Mailing Office Address

PO box 789

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip
33556

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1992

5. EEL Number

593124177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOHN F KURSCH

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

7214 cypress lake dr

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

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

Date

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 F KURSCH	7214 cypress lake dr	Odessa, FL 33556

B. 11/9/06

REINSTATEMENT 04-06

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Kursch John F. Kursch

Date

11/1/06

Daytime Phone #

813 902 9449

MSRWR

AIR-O COOLING & HEATING SYSTEMS

PO BOX 789
ODESSA, FL 33556
813-972-9449
813-926-8401FAX
Airogirl33@aol.com

November 1, 2006

TO: Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


To Whom It May Concern:

Please find enclosed two reinstatement requests for Dissolved Florida Corporations. We unfortunately did not receive any notices to provide annual reports or to renew at our home or any other location. Both corporations were previously reinstated in 2003 by our attorney and at that time we incurred large fees. It is unclear if the wrong address was an oversight by our attorney at the time of reinstatement or if they had always been wrong. I am enclosing a copy of my driver's license in hopes that you will review the address and possibly waive the large reinstatement fees. If you check, our home address is Odessa, your records show the address as Lutz. We did make the necessary corrections on the new reinstatement application to ensure that this will not happen again. In light of the fact that we did pay such high fees in 2003 we were hoping that you can take pity on us this time and know that we promise we have learned our lesson.

When I spoke to Kathy today, who was very pleasant & helpful, she said that the application would be reviewed. Please feel free to call my office or email us at airogirl33@aol.com should you have any questions or need more information.

Thanks in advance for your consideration and help in this matter.

Sincerely,



John F. Kursch
Air-O!