

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 SEP 21 PM 4:29

STATE  
BALANCE DUE \$2.00 PER

DOCUMENT # V37019

1. Corporation Name

Air-O Heating & Cooling Inc.

400160884254  
09/21/09--01046--008 \*\*450.00

**REINSTATEMENT** 07-09  
CR2E081 (12/08)

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

14807 N. 12th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 90

Suite, Apt. #, etc.

City & State

Lutz Florida

City & State

Lutz Florida

Zip

33549

Country

Hillsborough

Zip

33548

Country

Hillsborough

4. Date incorporated or Qualified To Do Business in Florida

05/20/1992

5. FEI Number

59-3316294

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

John Kursch

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

14807 N. 12th Street

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

The 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

*John F. Kursch*

REGISTERED AGENT MUST SIGN

Date 9-14-2009

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 Kursch	14807 N. 12th Street	Lutz, FL. 33549
M	Brittany Kursch	7421 Mt. Vernon Rd	Tampa, FL. 33525

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:

*John F. Kursch* JOHN F. KURSCH

Date

9-14-2009

Daytime Phone #

8139729449

9/21/09