

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 3:12

DOCUMENT #

V64178

1. Corporation Name

Atlas Air Cooling and
Heating Service, Inc

W01000020726

2. Principal Office Address

4018 E 12th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 528

Suite, Apt. #, etc.

City & State

Valrico Florida

Zip

Country

33605 USA

City & State

Valrico Florida

Zip

Country

33595 USA

REINSTATEMENT

95-01

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 18
1992

5. FEI Number

650356754

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

Dexter Duclos

600004627626

1

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

405 Summit Chase Drive

-10/08/01--01085--024

***1650.00 ***1650.00

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code

33594

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

Dexter S. Duclos

REGISTERED AGENT MUST SIGN

Date 9-24-01

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.	Dexter Duclos	405 Summit Chase	Valrico, FL 33594
	(ALL INCLUSIVE)		
VICE PRES	DEXTER DUCLOS	405 SUMMIT CHASE DR,	VALRICO, FL, 33594
SEC.	DEXTER DUCLOS	405 SUMMIT CHASE DR,	VALRICO, FL, 33594
TREAS.	DEXTER DUCLOS	405 SUMMIT CHASE DR,	VALRICO, FL, 33594

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:

Dexter S. Duclos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/2001 813-247-6449

Date

Daytime Phone #

CR2E081 (9/00)