

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 544632

1. Corporation Name

CLIMATE SERVICE, INC.

Principal Place of Business

4754 NE 12TH AVE.  
FT. LAUDERDALE FL 33334

Mailing Address

4754 NE 12TH AVE.  
FT. LAUDERDALE FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~415 NE 23 ST~~

Suite, Apt. #, etc.

~~2228 Wilton Drive #33~~

City & State

Wilton Manors

City & State

Wilton Manors FL

Zip

FL

Country

Broward

Zip

33305

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1977

5. FEI Number

65-0272097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	SCHUMAKER, STAN	415 NE 2 ST	WILTON MANORS FL
			100003454851--0
			11/07/00 01050-014
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHUMAKER, STAN  
415 NE 2ND ST  
WILTON MANORS FL

9. Name and Address of New Registered Agent

Name

same

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date 10-20-00

11. 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN Schumaker

10-20-00 771-7337

Date

Daytime Phone #

CR2E040 (8/00)