

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544632

1. Corporation Name

CLIMATE SERVICE INC

REINSTATEMENT 02-03

900024652449
11/13/03--01061--024 **908.75

2. Principal Office Address

1110 NE 34th Court

Suite, Apt. #, etc.

33

City & State

OAKLAND PARK, FL

Zip
33334

Country
USA

3. Mailing Office Address

1110 NE 34 Court

Suite, Apt. #, etc.

33

City & State

OAKLAND PARK, FL

Zip
33334

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

STANLEY SCHUMAKER

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

1110 NE 34th Court

Suite, Apt. #, Etc.

33

City

OAKLAND PARK

State

FL

Zip Code

33334

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 11-10-03

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
PRES	STANLEY SCHUMAKER	1110 NE 34 COURT #33	OAKLAND PK FL 33334

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:

STANLEY SCHUMAKER

11/10/03 954-546-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)