

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 12 PM 12:10

DOCUMENT # LD9000072112

1. Limited Liability Company's Name
Island Air & Refrigeration, LLC

REINSTATEMENT

CR2E041 (1/11)

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

418 Harvest Bend Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

orange park, FL

City & State

Zip

32003

Country

clay

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/10/2009

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brandon Cook

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

418 Harvest bend dr

Suite, Apt. #, Etc.

City

orange park

State

FL

Zip Code

32003

E-mail Address:

700245622027
03/12/13--01023--015 **377.50

cooks280zx@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 03/05/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Brandon Cook	418 Harvest bend dr	Orange Park, FL 32003
			MAR 13 2013
			T. CAULEY

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

Daytime Phone # 904.773.3052

Typed or printed name of signing Managing Member/Manager

Brandon Cook