

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 33117

1. Corporation Name

JEAN CELIN AIR CONDITIONING  
INC

2. Principal Office Address

4869 JEFFERSON RD

3. Mailing Office Address

4869 JEFFERSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33445

Country

PB

Zip

33445

Country

PB

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

March 31, 2000

5. FEI Number

65-0994913

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

JEAN D. CELIN

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

4869 JEFFERSON RD

Suite, Apt. #, Etc.

300040065703

08/10/04--01096--004 \*\*608.75

DELRAY BEACH

State  
FL

Zip Code  
33445

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

*JEAN D. CELIN*  
REGISTERED AGENT MUST SIGN

Date

08-06-04

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	JEAN D. CELIN	4869 JEFFERSON RD	DELRAY BEACH
V.P.	MARIE M. CELIN	DELRAY BEACH, FL	FLORIDA
Secy	Rebecca Celin	ZIP. 33445	33445
Acc.		"All Three of us use the same Address"	

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:

*JEAN D. CELIN* JEAN D. CELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/06/04

Daytime Phone #

CR2E081 (10/02)

2 of 2

**Jean D. Celin**  
4869 Jefferson Rd  
Delray Beach, Florida  
Tel (561) 638-7750 Alt (561)577-1478

August 6, 2004

To Whom It May Concern:

I, Jean D. Celin the owner of **JEAN CELIN AIR CONDITIONING INC.** want to inform you that I never received the annual report of 2001, therefore I request that the charge for that year is waved.

Sincerely

  
Jean D. Celin