

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 # P0000000 33117

1. Corporation Name

JEAN CELIN AIR Conditioning
INC

2. Principal Office Address

4869 JEFFERSON RD

Suite, Apt. #, etc.

3. Mailing Office Address

4869 JEFFERSON RD

Suite, Apt. #, etc.

City & State

DELRAY Bch FL

City & State

DELRAY Bch 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.

City

DELRAY Bch

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 Bch, FL	FLORIDA
Sec	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
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