

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:00

DOCUMENT # P00000063320

1. Corporation Name

Cool Breeze Services, Inc

REINSTATEMENT 03-04
MRS

2. Principal Office Address

1308 Second St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 632

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip

32132

Country

USA

City & State

New Smyrna Bch, FL

Zip

32170

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/00

5. FEI Number

59-3656412

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

Palmetto Charter Services, Inc

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

150 Magnolia Ave

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32115-2491

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

[Signature]

Date

3/23/07

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	Gerald L. Martin	1308 Second St	Edgewater FL 32132
Treas.	Susan H. Martin	1308 Second St	Edgewater FL 32132

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:

[Signature]

Susan MARTIN

Date

3/20/04

Daytime Phone #

386-423-1457