

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005516**

1. Corporation Name

ACADIAN AUTO & A/C, INC.

Principal Place of Business

Mailing Address

~~7400 HARVEY STREET~~
~~PENSACOLA FL 32506~~

~~7400 HARVEY STREET~~
~~PENSACOLA FL 32506~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

501 South L Street
Suite, Apt. #, etc.

501 South L Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

5. FEI Number

59-3692976

Applied For

Not Applicable

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

US

Zip

32501

Country

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRECHEN, DANIEL J	7400 HARVEY STREET	PENSACOLA FL 32506
D	BRECHEN, ANTOINETTE	7400 HARVEY STREET	PENSACOLA FL 32506

700023818567
10/15/03--01055--009 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRECHEN, DANIEL J
7400 HARVEY STREET
PENSACOLA FL 32506

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Daniel J Brechen
REGISTERED AGENT MUST SIGN

Date 10-10-03

11. 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.

Antoinette Brechen

SIGNATURE:

Antoinette Brechen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

850-433-7596

Daytime Phone #

CR2E040 (7/03)