

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 21 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031274

1. Corporation Name

BREEZE PRODUCTS, INC.

Principal Place of Business

4900 28TH STREET SOUTH  
ST PETERSBURG FL 33712

Mailing Address

4900 28TH STREET SOUTH  
ST PETERSBURG FL 33712

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

2. New Principal Office Address, If Applicable

7905 9TH AVE SO

Suite, Apt. #, etc.

City & State  
ST PETERSBURG FL

Zip  
33707

Country  
USA

3. New Mailing Office Address, If Applicable

7905 9TH AVE SO

Suite, Apt. #, etc.

City & State  
ST PETERSBURG FL

Zip  
33707

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2001

5. FEI Number

36-4432270

Applied For

Not Applicable

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	LEMLE, MICHAEL	4900 28TH STREET SOUTH	ST PETERSBURG FL 33712
D	AKL, SANDY	4900 28TH STREET SOUTH	ST PETERSBURG FL 33712

300023994233  
10/21/03--01161--013 \*\*750.00

8. Name and Address of Current Registered Agent

LEMLE, MICHAEL  
4900 28TH STREET SOUTH  
ST PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

LEMLE MICHAEL

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

7905 9TH AVE SO.

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33707

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

*Michael Lemle*

REGISTERED AGENT MUST SIGN

Date 10-20-03

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.

SIGNATURE:

*Michael Lemle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-03

CR2E040 (7/03)