

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018175

1. Corporation Name

Cool Breeze Heating & Cooling Inc.

700038393407
06/28/04--01075--003 **900.00

2. Principal Office Address

4509 69th St. East

Suite, Apt. #, etc.

City & State

Palmetto FL.

Zip

34221

Country

US.

3. Mailing Office Address

4509 69th St. East

Suite, Apt. #, etc.

City & State

Palmetto FL.

Zip

34221

Country

US.

REINSTATEMENT

03-24

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/13/02

5. FEI Number

371421495

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

Benny McHenry

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

4509 69th Street East

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

Benny McHenry
REGISTERED AGENT MUST SIGN

Date 6-17-04

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
<u>P/D</u>	<u>Benny McHenry</u>	<u>4509 69th St. East</u>	<u>Palmetto, FL 34221</u>
<u>S/V/M</u>	<u>Tracy McHenry</u>	<u>4509 69th St. East</u>	<u>Palmetto, FL 34221</u>

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:

Benny McHenry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-04
Date

941-773-7584
Daytime Phone #

CR2E081 (01/04)