

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000102459

1. Corporation Name

Chill Air Inc.

2. Principal Office Address - No P.O. Box #

3405 Warren Park Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32812

Country

USA

3. Mailing Office Address

3405 Warren Park Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32812

Country

USA

7. Name and Address of Current Registered Agent

Name

Bryan C. Brewer

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

3405 Warren Park Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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

Bryan C. Brewer

REGISTERED AGENT MUST SIGN

Date 2/4/2010

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.	Bryan C. Brewer	3405 Warren Park Rd	Orlando FL 32812

M. MILLIGAN
EXAMINER

FEB - 9 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Bryan C. Brewer Bryan C. Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/2010

Daytime Phone #

222-7451

FILED

10 FEB - 8 AM 10:21

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

800168247598

02/08/10--01067--002 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 15th, 2003

5. FEI Number

20 0168576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.