

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 14 AM 11:22

REINSTATEMENT 08-12

CR2E081 (11/10)



4. Date Incorporated or Qualified
To Do Business in Florida 4/2/2004

5. FEI Number
35-2228908

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

000236408400
06/14/12--01028--007 **1350.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000057211			
1. Corporation Name Custom Climate, Inc.			
2. Principal Office Address - No P.O. Box # 141 Wyoming Street Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Hawthorne, FL		City & State	
Zip 32640	Country USA	Zip	Country
7. Name and Address of Current Registered Agent			
Name Steven J. Holloway			
Street Address (P.O. Box Number is Not Acceptable) 141 Wyoming Street			
Suite, Apt. #, Etc.			
City Hawthorne		State FL	Zip Code 32640
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		Date 6/1/2012	
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
President	Steven J. Holloway	141 Wyoming Street	Hawthorne, FL 32640
10. E-mail Address: customclimate01@yahoo.com (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN J. HOLLOWAY 06/11/2012 352-481-7040	
		Date	Daytime Phone #

JUN 14 2012

D. BUTLER