FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

17 MAY 10 AM 8:43

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000169753

1. Corporation Name
Cool Aire of Pinellas, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6681 67th Lane North	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State
Zip: 33781 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee is required with Certificate of Status

800299099368
05/10/17--01013--001 **225.00

7. Name and Address of Current Registered Agent

Name:
Clint J. West

Street Address (P.O. Box Number is Not Acceptable):
6681 67th Lane North

Suite, Apt. #, Etc.

City: Pinellas Park | State: FL | Zip Code: 33781

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

Signature of Registered Agent: [signature] Date: 5-5-17

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Clint J. West	6681 67th Lane North	Pinellas Park, FL 33781

REINSTATEMENT
2007 — 2017

10. E-mail Address: coolaireofpinellas@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] 5-5-17 727/459-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

API Processing – Licensing, Inc.
3419 Galt Ocean Drive, Suite A
Ft. Lauderdale, FL 33308
954/567-0013 Office
954/567-3401 Fax

May 4, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of Coolaire of Pinellas, LLC

To Whom It May Concern:

We will not revoke the dissolution of Coolaire of Pinellas, LLC so as to release the name to capture back the name of Cool Aire of Pinellas, Inc.

Thank you,

Clint West