PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007598

1. Corporation Name
J & M Cooling of Pasco County, Inc.

2. Principal Office Address	3. Mailing Office Address
6626 Orchid Lake Rd	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State
Zip: 34653 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 1-21-94

5. FEI Number: 59-3223501 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee Required

7. Name and Address of Current Registered Agent

Name: Bill Knapp

900012709759
02/19/03--01007--005 **150.00

Street Address (P.O. Box Number is Not Acceptable): 6626 Orchid Lake Rd

Suite, Apt. #, Etc.:

City: New Port Richey State: FL Zip Code: 34653

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: [signature] Date: 1-21-03
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
Pres	Bill Knapp	6626 Orchid Lake Rd.	New Port Richey FL 34653
		REINSTATEMENT	01-03 TR

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: [signature] 1-21-03 727-845-5439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #