

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 17 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045131

1. Corporation Name Cypress Air Conditioning Inc.

2. Principal Office Address

17041 70st north

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL.

Zip

33470

Country

USA

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

Jun 16 1994

5. FEI Number

65-0498334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

JOHN Paul Blovin

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

17041 70 St North

Suite, Apt. #, Etc.

City

LOXAHATCHEE FL 33470

State

FL

Zip Code

33470

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

REGISTERED AGENT MUST SIGN

Date

03/17/01

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	JOHN Paul Blovin	17041 70 St. North	Loxahatchee, FL 33470

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/01

Date

561-216-7897

Daytime Phone #

CR2E081 (9/00)

CYPRESS AIR CONDITIONING, INC.
17041 70TH STREET, NORTH
LOXAHATCHEE, FL 33470

April 12, 2001

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

RE: FEI Number 65-0498334
License # 94-CML-766-X

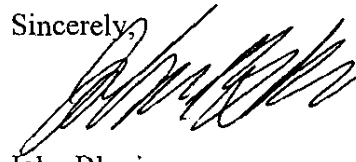
To Whom It May Concern,

Please be advised that my company, Cypress Air Conditioning, Inc. had changed locations. It has recently come to my attention that my reinstatement papers were never received. As a result, my corporation was dissolved.

I have enclosed a money order in the amount of \$308.75 to reinstate my corporation.

I apologize for any inconvenience this may have caused and appreciate your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Blouin', written over a horizontal line.

John Blouin
President