

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 45131

1. Corporation Name

Cypress Air Conditioning Inc.

2. Principal Office Address

1829 Park Ln. South

Suite, Apt. #, etc.

#6

City & State

Jupiter Fl.

Zip

33458

Country

DB

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/16/94

5. FEI Number

650498324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN Blovin

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

1829 Park Ln. South

Suite, Apt. #, Etc.

#6

City

Jupiter Fl.

State

FL

Zip Code

33458

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]

REGISTERED AGENT MUST SIGN

Date

11/2/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PRES.  | JOHN Blovin                          | 1829 Park Ln. South                               | #6 Jupiter Fl. 33458 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

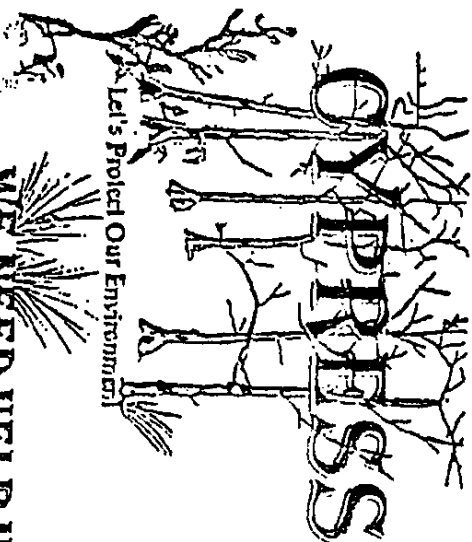
[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/04

Daytime Phone #

561-747-7466

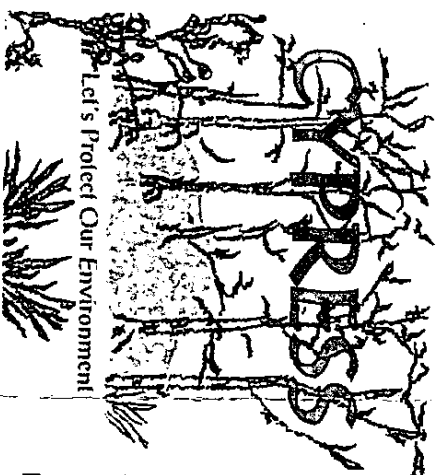


LICENSED & INSURED  
# 94-CML-766-X

# CYPRESS AIR CONDITIONING, INC.

WE NEED HELP IN PROTECTING OUR ENVIRONMENT, PLEASE TAKE  
ADVANTAGE OF OUR SPECIAL OFFERS!

STOP DESTROYING OUR ENVIRONMENT BY  
JUST ADDING FREON TO YOUR UNIT. LET  
CYPRESS AIR CONDITIONING, INC. FIND AND  
FIX YOUR FREON LEAK NOW!! WE OFFER  
25% OFF OUR REGULAR RATES FOR ANY PARTS  
AND LABOR ASSOCIATED WITH FIXING FREON  
LEAK(S). IF A NEW UNIT IS NEEDED TO FIX THE  
PROBLEM WE WILL OFFER A 10% DISCOUNT.



CYPRESS AIR IS AN F.P.I. PARTICIPATING CONTRACTOR

Air Conditioning, Inc.  
Refrigeration

Licensed & Insured  
# CAC1813670  
Sales • Service • Installation  
Residential • Commercial

1829 Park Ln South Suite 6  
Jupiter, FL 33458  
Broward 954.878.4432  
Palm Beach 561.747.7466

Dear Secretary of State I changed my address and

did not receive my paper work yet. You received it Best.

So could you please write the Bod Boy charge. Thank.

You. Good Bless. Harris. 300.00.

AR Returned