

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 12 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600161606366  
10/12/09--01020--004 \*\*8.75

600161606366  
10/12/09--01020--003 \*\*450.00

REINSTATEMENT 07-09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P940000045131

1. Corporation Name

Cypress Air Conditioning, Inc

2. Principal Office Address - No P.O. Box #

6746 Paul Mar Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Zip

Country

33462

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

John Blouin

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

6746 Paul Mar Drive

Suite, Apt. #, Etc.

City

Lantana FL

State

FL

Zip Code

33462

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

*John Blouin*

REGISTERED AGENT MUST SIGN

Date

8/24/09

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	JOHN BLOUIN	6746 Paul Mar Drive	Lantana FL 33462

OC 10/12

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 contained in Chapter 119, 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:

*John Blouin* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/09

Date

Daytime Phone #

561-747-2466