

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A96000012199**

1. Corporation Name
Cool-Aid Air Conditioning & Refrigeration, Inc.

Principal Place of Business Mailing Address
4479 Edgewater Drive P.O. Box 540623
Orlando, FL 32804 Orlando, FL 32854

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4479 Edgewater Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 540623
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip
32804
Country
USA

City & State
Orlando, Florida
Zip
32804
Country
USA

REINSTATEMENT 97-99 ad

4. Date Incorporated or Qualified To Do Business in Florida
2-8-96

5. FEI Number
593361075

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	P/M Donald Maxwell Robertson	4502 Eli Street	Orlando, FL 32804
	S Morgan Lyn Walden	5105 Barton Drive	Orlando, FL 32807
	VP Peter Anthony Calangelo	106 Oakridge Court	Sanford, FL 32773

900002821159-8
-03/29/99-01003-002
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Donald Maxwell Robertson
Street Address (P.O. Box Number is Not Acceptable)
4502 Eli Street
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32804

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.050, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
3-16-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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]** **DM Robertson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
3-16-99
Daytime Phone #
2995553