

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

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DOCUMENT # 797000089695

1. Corporation Name

JCA PREVENTIVE MAINTENANCE, INC.

2. Principal Office Address

11408 Kenley Cir

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip 32824

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

JOSE C. ARZOLA

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

11408 KENLEY CIRCLE

Suite, Apt. #, Etc.

City

Orlando, FL 32824

State
FL

Zip Code

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 11-7-00

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.	ARZOLA, JOSE C	11408 KENLEY CIRCLE	Orlando, FL 32824

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

11-7-00

Date

Daytime Phone #

AD



12
P97-
89695

JCA Air Conditioners Inc.

11408 Kenley Circle
Orlando, FL 32824

Telephone (407)438-1195 \ 293-6232
Fax (407)438-1195

To Whom it May Concern:

I Jose Carlos Arzola request for our corporation to be reinstated, reason being we never received our " Profit Corporation Annual Reports "

Respectfully
Jose C. Arzola