

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 28 PM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000073654

1. Corporation Name

Vista Cooling Services Inc.,

2. Principal Office Address

1334 Ustler Road

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

3. Mailing Office Address

P.O. Box 728

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32704

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/1998

5. FEI Number

59-3528179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-05**

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

Name

J. Gary Reid

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

1334 Ustler Road

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

*J. Gary Reid*

REGISTERED AGENT MUST SIGN

Date 10-27-05

**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
P	J. Gary Reid	1334 Ustler Road	Apopka, FL 32712
			800061002938 10/28/05--01042--015 **1350.00
			800061002938 10/28/05--01042--016 **8.75

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:

*J. Gary Reid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Gary Reid President 10-27-05 407-294-9789

Date

Daytime Phone #