

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  
TALLAHASSEE, FLORIDA

01 AUG 30 PM 4: 29

DOCUMENT # 556662

1. Corporation Name

C-AIR CONDITIONING, INC.

2. Principal Office Address

2586 NW 58 AVE

3. Mailing Office Address

2586 NW 58 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARLBATH FL

City & State

MARLBATH FL

Zip

33063

Country

US

Zip

33063

Country

US

**REINSTATEMENT**

4. Date incorporated or Qualified  
To Do Business in Florida

05/28/1991

5. FEI Number

650292452

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

RONALD COSBY

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

2586 NW 58 AVE

Suite, Apt. #, Etc.

600004573196--9

-09/06/01--01089--019

\*\*\*1350.00 \*\*\* 200.00

City

MARLBATH

State

FL

Zip Code

33063

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

*Ronald Cosby*

Date 8-29-01

REGISTERED AGENT MUST SIGN

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
D	RONALD COSBY	2586 NW 58 AVE	MARLBATH FL 33063
D	JOSEPH COSBY	3760 SW 59 AVE	DAVIE FL 33314

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:

*Ronald Cosby*

CR2001 (9/00)