

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 20 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24606

1. Corporation Name

OCEAN-AIRE CONDITIONING, INC

2. Principal Office Address

401 8TH STREET EAST

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

Zip

34208

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1992

5. FEI Number

65-026364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-21

7. Name and Address of Current Registered Agent

Name

WILLIAM J. LONG

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

401 8TH STREET EAST

Suite, Apt. #, Etc.

City

BRADENTON,

State
FL

Zip Code

34208 - 1215

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

Wm J Long

REGISTERED AGENT MUST SIGN

Date 9-15-04

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, T S, D	WILLIAM J. LONG	401 8TH STREET EAST	BRADENTON, FL 34208

000041172890
09/20/04--01046--004 **308.75

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:

Wm J Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

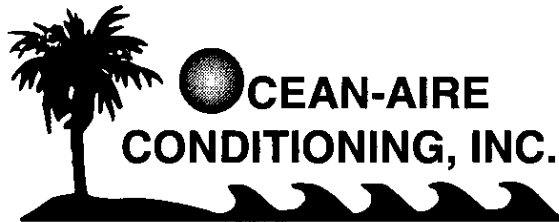
9-15-04

Date

800-228-4191

Daytime Phone #

CR2E081 (01/04)



State Reg. RA0034333

401 8th Street East • Bradenton, FL 34208-1140
(941) 746-4191 • FAX (941) 747-9790

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

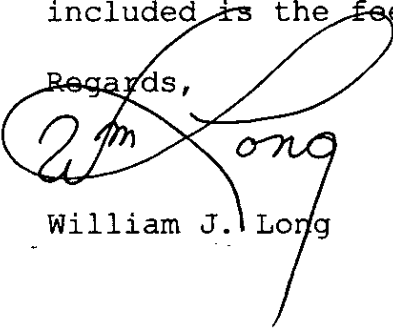
Ref: Document No. V24606

September 15, 2004

To Whom It May Concern:

Please find enclosed an application for reinstatement of our Corporation as well as a reinstatement fee of \$300.00, which covers the years of 2003 and 2004. While speaking to our corporate lawyer it was learned that these 2 years reports were not filed with the division of Corporations. We are asking that you waive the normal fee, as we cannot find where we ever received the annual report to file. Also included is the fee of \$8.75 for a Certificate of Status.

Regards,



William J. Long