PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29557

1. Corporation Name Coastline A/C Services Corp

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
4500 NE 5 Avenue	4500 NE 5 Avenue
Suite, Apt. #, etc. X	Suite, Apt. #, etc. X
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431 Country United States	Zip 33431 Country United States

4. Date Incorporated or Qualified To Do Business in Florida April 1992

5. FEI Number 650326081 ☐ 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 Kane M. Alexander

Street Address (P.O. Box Number is Not Acceptable) 4500 NE 5 Avenue

400029398054
02/25/04--01044--002 **600.00

Suite, Apt. #, Etc. N/A

City BOCA RATON State FL Zip Code 33431

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 Kane M. Alexander
REGISTERED AGENT MUST SIGN

Date 2-4-04

CR2E081 (9/01)

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	Kane M. Alexander	4500 NE 5 Avenue	BOCA RATON, FL 33431

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: Kane M. Alexander KANE M. ALEXANDER 2-4-04 (561) 395-4809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #