

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **819265**

1. Corporation Name
LEWIS REFRIGERATION CO.

Principal Place of Business
**200 MAPLEWOOD STREET
MALDEN MA 02148**

Mailing Address
**200 MAPLEWOOD STREET
MALDEN MA 02148**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-0673306

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GIANNELLI, STEPHEN	7 DEANNA CIRCLE	LYNNFIELD MA 01940
V	DAVIDSON, PAUL	2169 ONEIDA COURT	MISSISSAUGA, ONTARIO L5C
S	PARAVI, ANNA	3143 E. FAWNWOOD COVE	SANDY UT 84092
T	HILL, WAYNE	7 PRINCESS ANNE CRESCENT	ETOBICOKE, ONTARIO M9A
AS	RUSSELL, GUY	6909 HICKLING CRESCENT	MISSISSAUGA, ONTARIO L5N

200002380162--2
-12/23/97--01093--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCRIVEN, LANSING C
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33801-1102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

REINSTATEMENT

97
92 12-22-97

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Lansing C. Scriven

REGISTERED AGENT MUST SIGN

Date **12/18/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

ASSISTANT SECRETARY. 12/15/97

Date

416-465-7581

Daytime Phone #

CR2E040 (8/97)