PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 AR

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41061

1. Corporation Name
POMPANO COLD STORAGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1258 HAMMONVILLE RD.<br>POMPANO BEACH FL 33069 | 2628 S.W. 9TH STREET<br>POMPANO BEACH FL 33062<br>US |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business In Florida: 06/04/1992

5. FEI Number: 65-0341971 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| D | SIMONCINI, ROBERT | 2628 SE 9 ST. | POMPANO BEACH FL |
| D | HEARNE, WILLIAM | 2628 SE 9 ST. | POMPANO BEACH FL |
| D | PIEDIMONTE, ANTHONY | 2628 SE 9 ST. | POMPANO BEACH FL |
| | | | |
| | | | |
| | | | |

700002340597--3
-11/06/97-01095-005
****165.00 ****165.00

8. Name and Address of Current Registered Agent

*SIMONCINI, ROBERT
2628 S.E. 9TH STREET
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/97)

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: Robert Simoncini — Date: 10-28-97
REGISTERED AGENT MUST SIGN

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: Robert Simoncini — 10-28-97 — 954-946-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

10-28-97

I received filing form for our other corporation A & A Transfer Inc, but never received for Pompano Cold Storage until today 10-28-97

I have had a problem with other mail also.

Sharon Simonsen