

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

*pg 1 of 2*

00 NOV 15 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001544

1. Corporation Name

FLORIDA COOLING SUPPLY, INC.

Principal Place of Business

2040 RANGE ROAD  
CLEARWATER FL 33765

Mailing Address

3200 WILCREST DRIVE  
#440  
HOUSTON TX 77042



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

03/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0495526

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TREVINO, ALEX JR	3200 WILCREST DR #440	HOUSTON TX 77042
DS	MARESCA, ANTHONY R	3200 WILCREST DR #440	HOUSTON TX 77042

900003493153--3  
-12/11/00--01030--018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

KNOOP, MICHAEL F  
2040 RANGE ROAD  
CLEARWATER FL 33765

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

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

*[Signature]* SIGNATURE REQUIRED

Date 11-13-00

REGISTERED AGENT MUST SIGN

11. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R. MARESCA

Date 10/16/2000 (713) 780-8532  
Daytime Phone #

CR2E040 (800)

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FLORIDA COOLING SUPPLY, INC.

To: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Wes Barrett  
Controller, Florida Cooling Supply, Inc.  
FEI # - 76-0495526

Re: Document # - F96000001544

I contacted your office today, October 16, 2000, concerning the notice of administrative dissolution or revocation of Florida Cooling Supply, Inc.'s authority to transact business in Florida. As I explained to your department, our corporate office, located in Houston, Texas at 3200 Wilcrest, suite #440, has never received the appropriate form to file the corporate annual report/uniform business report. We were unaware such a fee was due the State of Florida.

As I was told we are entitled to a one-time waiver of any late fees due to the fact that the form apparently never arrived at our corporate address, and there being no intent of this company to avoid any such liability.

Enclosed is our payment of \$150.00 to cover the current year (2000) corporate annual report/uniform business report. If you have any questions, please contact me at:

Florida Cooling Supply, Inc.  
3200 Wilcrest  
Houston, Texas 77042-6039  
Att. Wes Barrett  
(713) 780-8532

Wes Barrett