

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

98 JAN 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **421669**

1. Corporation Name

HARBORSIDE REFRIGERATED SERVICES, INC.

Principal Place of Business

~~2800 GUY N. VERGER BLVD~~
~~P.O. BOX 75418 (33675-0218)~~
~~TAMPA FL 33605~~

Mailing Address

~~2800 GUY N. VERGER BLVD~~
~~P.O. BOX 75418 (33675-0218)~~
~~TAMPA FL 33605~~

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

2. New Principal Office Address, If Applicable
701 S.E. 24th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. New Mailing Office Address, If Applicable

701 S.E. 24th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1973

5. FEI Number

59-1457314

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	HVIDE, HANS J J	701 SE 24TH ST.	FT. LAUDERDALE FL 33316
PD	NOVACEK, ARTHUR C	701 SE 24TH ST.	FT. LAUDERDALE FL 33316
VS	FOLEY, JOHN F	701 SE 24TH STREET	FT. LAUDERDALE FL 33316
✓	GAELLA, JOSEPH F	2800 GUY N. VERGER BLVD.	TAMPA FL
			300002419849-- 2
			-02/03/98-01062-001
			*****900.00 *****900.00

8. Name and Address of Current Registered Agent

DEUSCHLE, BRIAN C
800 SE 3RD. AVE.
FIFTH FLOOR
FORT LAUDERDALE FL 33316

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

REGISTERED AGENT MUST SIGN

Date

1/19/98

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

John F. Foley

January 14, 1998 (954) 525-3381

Date

Daytime Phone #

CR20040 (8/97)