

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 19 AM 10:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

568346

1. Corporation Name

FLORIDA DISTRIBUTORS AND VACUUM COOLING, INC.

2. Principal Office Address

431 S E 2nd Street

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

Palm Beach

3. Mailing Office Address

P. O. Box 575

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-11-79

5. FEI Number

59-1826303

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

G. Michael Cunningham

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

1181 Stillwell Road

Suite, Apt. #, Etc.

City

Belle Glade

State
FL

Zip Code

33430

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

REGISTERED AGENT MUST SIGN

Date 6-14-00

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
ST	Dale Alan Bruschi	17747 Crooked Oak Avenue	Boca Raton, FL 33487
VP	G Michael Cunningham	1181 Stillwell Road	Belle Glade, FL 33430

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.

Mike Cunningham - President

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-00

Date

561-996-5223

Daytime Phone #

CR2E081 (9/99)