

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

THERMOPRO, INC.

400435070414
08/20/24--01017--013 **\$35.00

2. Principal Office Address - No P.O. Box #
556 N DIAMOND BAR BLVD

3. Mailing Office Address
556 N DIAMOND BAR BLVD

Suite, Apt. #, etc.
STE 213

Suite, Apt. #, etc.
STE 213

City & State
DIAMOND BAR, CA

City & State
DIAMOND BAR, CA

Zip Country
91765 USA

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91765 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 04/24/2020

5. FEI Number
38-4098473

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
PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)
155 OFFICE PLAZA DR 1ST FLOOR

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301

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 ADRIANE PETERSON, ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date 08/02/2024

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
CHAIRMAN, DIRECTOR, PRESIDENT	JUN HU	556 N DIAMOND BAR BLVD, STE 213	DIAMOND BAR CA 91765
	CH N		

10. E-mail Address: thermopro@clcllp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JUN HU JUN HU, PRESIDENT

08/02/2024

(626)512-5134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #