

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **F96000001544**

1. Corporation Name

**FLORIDA COOLING SUPPLY, INC.**

Principal Place of Business

Mailing Address

2040 RANGE ROAD  
CLEARWATER FL 33765

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 <b>03/26/1996</b>	
-Suite, Apt. #, etc.		-Suite, Apt. #, etc.		5. FEI Number <b>76-0495526</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

800003493153--3  
-12/11/00--01030--018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KNOOP, MICHAEL F 2040 RANGE ROAD CLEARWATER FL 33765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 REQUIRED** **ANTHONY R. MARESCA** Date 10/16/2000 Daytime Phone # (713) 780-8582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

*pg. 2 of 2*

**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*

