

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 26 PM 1:10

DOCUMENT # **F97000001827**

1. Corporation Name

AMERICAN INDUSTRIAL REFRIGERATION, INC.

Principal Place of Business

Mailing Address

~~PO BOX 886
 WATSONVILLE GA 30577~~

470 LAKE ST
 EXCELSIOR MN 55331



REINSTATEMENT B 01

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

04/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

470 LAKE STREET

City & State

EXCELSIOR, MN

Zip
 55331

Country

MINNESOTA

Zip

Country

5. FEI Number

94-2487946
~~04-2487846~~

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JACOBS, JERRY E	7 HANGAR WAY #B	WATSONVILLE GA 95076
R/T/D	LARSON, RODNEY J	215 PLEASANT AVE	ATWATER MN 56209
F/S/D	LARSON, MARCIA K	215 PLEASANT AVE	ATWATER MN 56209
B/P/D	EISERT, MORRIS L	470 LAKE ST	EXCELSIOR MN 55331
			700004685097--3
			-11/16/01--01049--009
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 **PETER F. SOUZA**
 ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date **10/24/01**

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: **Peter F. Souza**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/18/01** Daytime Phone # **952-470-9610**

CR26040 (801)