PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G65021**

1. Corporation Name

MOBILE TRAILER REFRIGERATION, INC.

Principal Place of Business

Mailing Address

6531 COMMONWEALTH AVENUE JACKSONVILLE FL 32254

6531 COMMONWEALTH AVENUE JACKSONVILLE FL 32254

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEIVIENT 03-04

MRS

New Principal Office Address, If Applicable New Principal Office Address, If Applicable New Principal Office Address, If Applicable					4. Date Incorporated or Qualified To Do Business in Florida 10/12/1983			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number	5. FEI Number Applied F.		ied For
City & State City & State						59-2337107		Applicable
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status				
7. Names and St	treet Addresses of Each Officer a	and/or Director (Flo	rida nonprofit	corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD KAN	KANEER, ROBERT ROY			1645 PERSHING ROAD		JACKSONVILLE FL		
V × P. KAN	KANEER, JR. R			9318 GENNA TRACE TRAIL		JACKSONVILLE FL		
,ST KAI	KANEER, DONNA LEE			SHING RD	JACKSONVILLE FL.			
v.P. Bret Niemeyer			1458 Domas DQ.			Jax, Fl.		
					90 02/24/	00293009 /0401031017	39 **750.00)
8. Name and Address of Current Registered Agent				¥.;				
KANEER, ROBERT R. SR. 1645 PERSHING ROAD JACKSONVILLE FL 32205				Suite, Apt. #,	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I, being app	ointed the registered agent of the	above named corp	poration, am fa	amiliar with and accept t	he obligations of Sec	ction 607.0505, F.S. or 617.050	5, F.S.	
Signature of Registered Age	n Alt K	REGISTERED A		M. N. J.	× /	Date 2- 17	7-0	4

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

904-783-6400

Daytime Phone