

FILED

03 MAY 12 AM 9:08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DEPARTMENT OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90376

1. Corporation Name

P & D METALS AND REFRIGERATION, INC.

REINSTATEMENT 02-03

2. Principal Office Address

420 S. CR535

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 783123

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

Orange

Zip

34778

Country

Orange

4. Date incorporated or Qualified
To Do Business in Florida

12/17/85

5. FEI Number

59-2613402

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee retained
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peggy Patterson

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

12944 Reaves Road

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

200016233452

05/12/03--01032--104 **150.00

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 4/14/03

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
Pres	Peggy Patterson	420 S. CR535	Winter Garden, FL 34787

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

407-905-9970

Daytime Phone #