2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# J48641

Entity Name: GULF COAST REFRIGERATION CO., INC.

Current Principal Place of Business:

4487 ASHTON RD
SARASOTA, FL 342332260

New Principal Place of Business:

4475-A ASHTON RD
SARASOTA, FL 342332260

Current Mailing Address:

4487 ASHTON RD
SARASOTA, FL 342332260

New Mailing Address:

PO BOX 825
OSPREY, FL 34229

FEI Number: 59-2770951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, NORMAN
4487 ASHTON ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

TODD, NORMAN
4475-A ASHTON ROAD
SARASOTA, FL 34233 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORMAN TODD 04/02/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: TODD, NORMAN
Address: 4487 ASHTON RD
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: TODD, NORMAN
Address: 4487 ASHTON RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: TODD, NORMAN
Address: 4475-A ASHTON RD
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Change ( ) Addition
Name: TODD, NORMAN
Address: 4475-A ASHTON RD
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN TODD PST 04/02/2007
Electronic Signature of Signing Officer or Director Date