

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J52813

1. Corporation Name

COLD STORAGE ENGINEERING, INC.

Principal Place of Business

2808 S.W. 15 ST.  
MIAMI FL 33145

Mailing Address

2808 S.W. 15 ST.  
MIAMI FL 33145  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1987

5. FEI Number

59-2766148

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GARCIA, FEDERICO	2808 SW 15TH STREET	MIAMI FL

000008765240  
11/01/02--01104--001 \*\*158.75

8. Name and Address of Current Registered Agent

GARCIA, FEDERICO  
2808 SOUTHWEST 15TH STREET  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Federico Garcia*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-28-02

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.

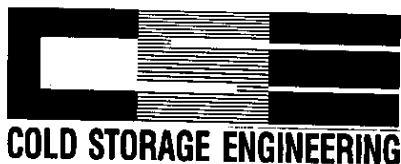
SIGNATURE:

*Federico Garcia*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02 305/448-0099

Date

Daytime Phone #



October 25, 2002

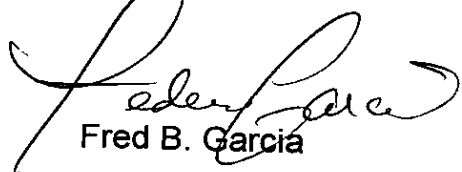
Mr. Jim Smith  
Secretary of State  
Department of State  
State of Florida  
Division of Corporations

RE: FEI # 59-2766148

Dear Mr. Smith:

Our office did not receive any Uniform Business Report notices prior to this one. This happened to us once before in the year 2000 and we paid the \$600 reinstatement fee in error. This time we are perfectly aware that we did not receive any notices. Therefore, I am enclosing the completed application for reinstatement with the appropriate \$150.00 filing fee plus additional \$8.75 for Certificate of Status.

Best regards,



Fred B. Garcia