

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<p style="text-align: right;"><i>APPROVED FILED 13 NOV 22 PM 2:23 SECRETARY OF STATE TALLAHASSEE FLORIDA</i></p>	
DOCUMENT # L02000010025			
1. Limited Liability Company's Name AL PADRON REFRIGERATION, LLC			
2. Principal Office Address - No P.O. Box # 4428 NW 23rd CT.	3. Mailing Office Address 		
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 		
City & State Miami FL	City & State 		
Zip Country 33142 USA	Zip Country 	4. State/Country of Formation 	
6. FEI Number 03-0434084		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<small>\$5.00 fee required for each certificate requested by applicant per statute.</small>	
8. Name and Address of Current Registered Agent			
Name ALEJANDRO P. PADRON			
Street Address (P.O. Box Number is Not Acceptable) 4428 NW 23rd CT.			
Suite, Apt. #, Etc. 			
City Miami	State FL	Zip Code 33142	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent _____ Date _____ <div style="text-align: center; font-weight: bold; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
D	ALEJANDRO P. PADRON	4428 NW 23rd CT.	MIAMI FL 33142
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.			
Signature of Managing Member/Manager _____ Date <u>11/22/13</u> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager <u>Alejandro P. Padron</u>			