


2009 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 Annual Report

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 19 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100155468481
05/05/09--01042--012 **158.75
CR2E081 (12/08)

DOCUMENT # L06707
1. Corporation Name Mobile Refrigeration Systems, Inc.

2. Principal Office Address - No P.O. Box #
1641-A S.W. 7th Ave
Suite, Apt. #, etc.
City & State
Pompano Beach
Zip
33060
Country
Broward

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida Aug. 1989

5. FEI Number 05-0141443
☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name ~~Rita~~ Robert Wall, Jr.
Street Address (P.O. Box Number is Not Acceptable)
15286 - 94th St., No.
Suite, Apt. #, Etc.
City
Palm Beach Gardens
State
FL
Zip Code
33412

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Rita Wall
REGISTERED AGENT MUST SIGN
Date 3-04-09

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
P	Robert L. Wall, Jr.	15286 - 94th Street NO.	Palm Beach Gardens
V/ST	Rita A. Wall	15286 - 94th Street NO.	Florida 33412

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 contained in Chapter 119, 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: Rita Wall / RITA WALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 03/04/09
Daytime Phone # 954-786-8595