

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001641

FILED
Oct 21, 2005
Secretary of State

Entity Name: NORTH FLORIDA REFRIGERATING ENGINEERS AND TECHNICIANS ASSOCIATION CHAPTER, INC.

Current Principal Place of Business:

2900 HARTLEY RD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

2900 HARTLEY RD.
JACKSONVILLE, FL 32257

New Mailing Address:

2970 HARTLEY RD.
BOX 101
JACKSONVILLE, FL 32257

FEI Number: 20-0746244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR.
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: CHARLES R CURLEY JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENKINS, TERRY
Address: 9800 W. BEAVER ST.
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: BOYD, RICHARD
Address: 9800 W. BEAVER ST.
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: WILLIAMS, JEFF
Address: 2900 HARTLEY RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: CLINTON, DALE
Address: 2900 HARTLEY RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: LEVANGIE, DON
Address: 26480 L'ATRIUM CIRCLE, SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: YOUNG, HERB
Address: 2900 HARTLEY RD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, JR
Address: 1501 LEWIS INDUSTRIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB YOUNG

S/T

10/21/2005

Electronic Signature of Signing Officer or Director

Date