

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 10 AM 11:56

DOCUMENT # **P00000111693**

1. Corporation Name

TROPICAL REFRIGERATION INTERNATIONAL INC

2. Principal Office Address

4620 26TH. AVE W.

Suite, Apt. #, etc.

3. Mailing Office Address

4620 26TH. AVE. W.

Suite, Apt. #, etc.

City & State

BRADENTON FL.

City & State

BRADENTON FL.

Zip

34209

Country

USA

Zip

34209

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2000

5. FEI Number

65-1064337

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

STEPHEN J. DELESUNE

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

4620 26TH. AVE. WEST

Suite, Apt. #, Etc.

000037026690

05/24/04--01017--003 **1201.75

City

BRADENTON

State

FL

Zip Code

34209

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **05/10/04**

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
PRES.	STEPHEN J. DELESUNE	4620 26TH. AVE. W.	BRADENTON FL 34209
VICE PRES.	DONNA S. DELESUNE	4620 26TH. AVE W.	BRADENTON FL 34209

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 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-10-04

Daytime Phone #

CR2E081 (01/04)