

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006232

**1. Corporation Name**

Nauticair marine a/c and  
Refrigeration, Inc.

**2. Principal Office Address**

9451 SW. 62 ST.

Suite, Apt. #, etc.

City & State

Miami FL

Zip  
33173

Country  
USA

**3. Mailing Office Address**

9451 SW. 62 ST.

Suite, Apt. #, etc.

City & State

Miami FL

Zip  
33173

Country  
USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-17-2001

**5. FEI Number**

651069784

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Barbara Suro

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

9451 SW 62nd Street

Suite, Apt. #, Etc.

City

Miami

INVESTIGATIVE  
FL 33173

**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

Barbara Suro

Date 10-11-05

REGISTERED AGENT MUST SIGN

**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	James Suro	9451 SW. 62 ST.	Miami, FL 33173
VP	Barbara Suro	9451 SW. 62 ST.	Miami, FL 33173

300060685033  
10/17/05--01056--010 \*\*900.00

**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:**

James Suro

Date

10-11-05

Daytime Phone #

3052164354