

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -2 AM 10:02

SECRET  
TALL/4/4/5  
OF STATE  
FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT #

10100011915

1. Corporation Name

Steve's Frozen Chillers, Inc

2. Principal Office Address

12700 Via Lucia

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Brynton Beach, FL

City & State

Zip

Country

Zip

Country

33436

USA

400016394064

04/21/03--01053--022 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/01

5. FEI Number

65-1078654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

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

Name

Susan Schoenberg

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

12700 Via Lucia

Suite, Apt. #, Etc.

Brynton Beach

City

Brynton Beach

State

FL

Zip Code

33436

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

Susan Schoenberg

Date

4/29/03

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
Pres	Susan Schoenberg	12700 Via Lucia	Brynton Beach FL 33436

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:

Susan Schoenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

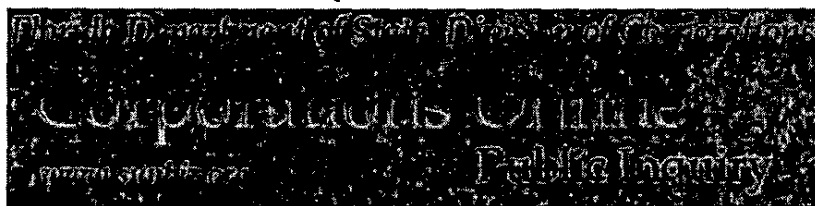
4/17/03

Date

561-8653833

Daytime Phone #

CR2E081 (10/02)




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**Florida Profit**
**STEVE'S FROZEN CHILLERS, INC.**


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**PRINCIPAL ADDRESS**  
 21621 REFLECTION LANE  
 BOCA RATON FL 33428

12700 Via Lucia  
 Boynton Beach, FL  
 33436

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**MAILING ADDRESS**  
 21621 REFLECTION LANE  
 BOCA RATON FL 33428

**Document Number**  
 P01000011915

**FEI Number**  
 NONE

**Date Filed**  
 01/31/2001

**State**  
 FL

**Status**  
 INACTIVE

**Effective Date**  
 NONE

**Last Event**  
 ADMIN DISSOLUTION  
 FOR ANNUAL REPORT

**Event Date Filed**  
 10/04/2002

**Event Effective Date**  
 NONE

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**Registered Agent**

Name & Address
CLAIRE, ROBERT I 7280 W PALMETTO PARK RD, SUITE 106 BOCA RATON FL 33433

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**Officer/Director Detail**

Name & Address	Title
SCHOENBERG, SUSAN 21621 REFLECTION LANE BOCA RATON FL 33428	PSTD

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**Annual Reports**



(561) 865-3833 Fax (561) 865-3731  
Toll Free: 1-800-572-2252

To Division of Corp.  
Tallahassee FL

Memo

LETTER

Date

4/17/03

Subject

Reinstatement

Please reinstate my company, Steve's Frozen Chillers. It has always been active. While researching the internet, I realized it was administrative dissolved for non-filing. We moved to 12700 Via Lucida and our mail was not forwarded as I found out state mail is not forwarded. Also my registered agent atty Bob Claire was disbarred, therefore no communication to advise to change address was given.

Please Reinstate my company and waive the \$600.

Thank you, Sue

☒ Please reply

☐ No reply necessary

SIGNED