

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 12:49

DOCUMENT # P01000036077

1. Corporation Name

AIR CONDITIONING & REFRIGERATION INC

B 4/22/08
700121255337
03/25/08--01055--009 **150.00

2. Principal Office Address - No P.O. Box #

9999 NE 2 AVENUE

Suite, Apt. #, etc.

218

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2001

5. FEI Number

65-1098952

☐ 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

CHIARATO UGO

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

9999 NE 2 AVE

Suite, Apt. #, Etc.

218

City

MIAMI SHORES

State

FL

Zip Code

33138

☒ 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

Ugo Chiarato

REGISTERED AGENT MUST SIGN

Date MARCH 20, 2008

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
PH/S/D	VAZQUEZ, LUIS	9999 NE 2 AVENUE SUITE 218	MIAMI SHORES FL 33138

700121255337
05/07/08--01043--010 **150.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2008 (305) 899 5099
Date Daytime Phone #