

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000073984**

1. Corporation Name

**THERMO-PRO INC.**

Principal Place of Business

Mailing Address

**3704 NW 82ND STREET  
HIALEAH FL 33147**

**3704 NW 82ND STREET  
HIALEAH FL 33147**



**600024917486**  
11/21/03--01015--003 \*\*308.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/27/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**65-1127883**

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOICOCHEEA, HUGO	3704 NW 82ND STREET	HIALEAH FL 33147

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DIMITRI, LEA SALAMA ESQ.  
888 S.E. THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11. 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:

**HUGO GOICOCHEEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

B

2012

**THERMO-PRO INC.**

3704 NW 82ND STREET HIALEAH FL 33147.

Miami, October 28, 2003

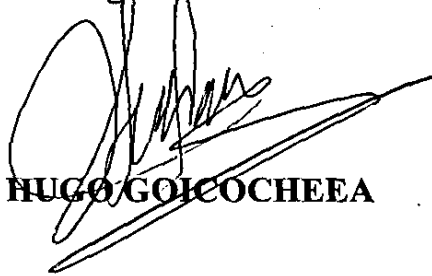
**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

1st Notice for

This letter is to let you know, that we haven't received <sup>^</sup>THE UNIFORM  
BUSINESS REPORT 2003, from FLORIDA DEPARTMENT OF STATE.

According to our conversation, we are sending to day, a check for US  
\$158.75 to cancel our debt with you.

Best regards,



**HUGO GOICOCHEA**