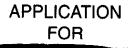
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

#### P01000087298 **DOCUMENT #**

1. Corporation Name

## ROYAL REFRIGERATION AND AIR CONDITIONING CORP.

Principal I	ess	dress								
19842 NE 11 CT MIAMI FL 33179			19842 NE 11 CT MIAMI FL 33179							
If above	addresses are	incorrect in any way, line	through incorrect in	nformation ar	nd enter	correction helow	20	$\infty$ 2	UBR	
2. New Principal Office Address, If Applicable				3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 08/31/2001			
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
City & State			City & State	City & State			65-1	132626	Applied For Not Applicable	
Zip	p Country		Zip	Zip C		try 6. CERTIFICATI		OF STATUS DESIRED	68.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer ar	d/or Director (Flo	rida nonprofit	t corpora	tions must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			h	City / State / Zip		
D	GONZALEZ, ROBERT W			19842 NE 11 CT				MIAM! FL 33179		
D	GONZALEZ, CORINA			19842 NE 11 CT				MIAMI FL 33179		
							<b>*</b>	IOOOOS4	0760	
							10/23/1	10000254 1201018005	**150.00	
							1			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
GONZALEZ, ROBERT W						Name				
19842 NE-11-CT						Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33179						Suite, Apt. #, Etc.				

Signature of Registered Agent 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 filling 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.

City

am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

10. I, being appointed the registered agent of the above named corporation

FILED

02 OCT 23 AM 10: 31

SLEGGETARY OF STATE TALLAHASSEE, FLORIDA

State | Zip Code

# ROYAL REFRIGERATION, CORP.



20815 NE. 16Ave. B-16 Miami, Florida 33179 (305) 652-8059 Fax (305) 652-8310

To: State of Florida (Dept. of Corporation)

Please be notify that we did not receive any prior notification of an uniform business report, which we are now required to file each year. We received a notice for the first time October, 21<sup>st</sup> 2002. We regret any inconvenience and please accept our apology.

Robert W. Gonzalez

President