PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 JUL -2 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200181293892
05/25/10--01007--021 **908.75

05/25/10 - 01007 - 021
908.75

CR2E081 (4/10)

DOCUMENT # P02000005972

1. Corporation Name

Pel-Freez Holdings, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10859 Emerald Cst. Pkwy	10859 Emerald Ct. Pkwy.
Suite, Apt. #, etc. # 4-427	Suite, Apt. #, etc. # 4-427
City & State Miramar Beach, FL	City & State Miramar Beach, FL
Zip 32550 Country	Zip 32550 Country

4. Date Incorporated or Qualified To Do Business in Florida 01/17/2002

5. FEI Number 71-0711202 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

PROFIT CORPORATIONS ONLY

☐ The $600.00 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: Katherine Lacky Katherine Lacky Asst. Sec. Date: 5/11/2010

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/D	David W. Dubbell	1630 Harrison Street	Friday Harbor, WA 98250
S/D	Judith A. Dubbell	1630 Harrison Street	Friday Harbor, WA, 98250
	REINSTATEMENT 08-10		

10. E-mail Address: ddubbell@pel-freez.com
(To be used for future annual report mailings)

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. I further certify 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: 5-11-10 3604720260

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

RH