

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000125617

1. Corporation Name

E.R. REFRIGERATION RESOURCE, INC.

Principal Place of Business

171 NW 97 AVE. #503  
MIAMI FL 33172

Mailing Address

171 NW 97 AVE. #503  
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/2002

5. FEI Number

37-1450034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RIVERO, EDUARDO	171 NW 97 AVE. #503	MIAMI FL 33172
S	RIVERO, RAFAELA	171 NW 97 AVE. #503	MIAMI FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERO, EDUARDO  
171 NW 97 AVE., #503  
MIAMI FL 33172

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]*

Date

REGISTERED AGENT MUST SIGN

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03  
Date

(303) 776-6100  
Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 NOV 14 PM 1:15

REINSTATEMENT 03



07/11/03 90046 019 1500

CR2E040 (7/03)

July 8, 2003

E.R. Refrigeration Resource, Inc.  
171 NW 97 Ave #503  
Miami, FL 33172

COPY

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P02000125617

I am writing to you in regards to the second notice for renewal of my corporation. This is my first year owning this corporation and I was never aware of a renewal fee. I became aware of this fee once I contacted your office. I never received the first notice. Since this is my first year, my business is reflecting a loss at this time. So, I ask that you please waive the penalty in the amount of \$400.00 and accept my renewal fee in the amount of \$150.00. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter;

*Eduardo Rivero*  
Eduardo Rivero