

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

DEC 19 AM 8:02

DOCUMENT # P03000071756
1. Corporation Name
Ozone One Refrigeration f/c

800139169218
12/19/08--01030--017 **450.00

REINSTATEMENT 06-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # <u>840 SE 6 AVE</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Hialeah FL.</u>		City & State 	
Zip <u>33010</u>	Country <u>U.S.</u>	Zip 	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>06/27/03</u>	
5. FEI Number <u>412101922</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Oswaldo Capdevila

Street Address (P.O. Box Number is Not Acceptable)
840 SE 6 AVE

Suite, Apt. #, Etc.

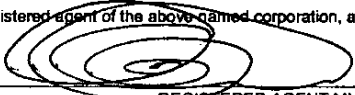
City
Hialeah

State
FL

Zip Code
33010

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  Date 12-18-08

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
owner	Oswaldo Capdevila	840 SE 6 AVE Hialeah	Hialeah FL. 33010

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:  Date 12/18/08 305-688-9200
Daytime Phone #

12/22/08