

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000106406

1. Entity Name
ATLANTA REFRIGERATION SERVICE COMPANY



Principal Place of Business
3941 OAKCLIFF INDUSTRIAL COURT
DORAVILLE, GA 30340

Mailing Address
PO BOX 80726
ATLANTA, GA 30366

6190 REGENCY PKWY #310
NORCROSS, GA 30071

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102007

REIN-P

CR2E098 (1/07)

4. FEI Number
58-1096412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAUTIGAN, CURT

5334 CENTRAL FLORIDA PKWY
SUITE 198
ORLANDO, FL 32821

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-11-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP
NAME BRAUTIGAN, SHAUN L
STREET ADDRESS 652 GREGG DRIVE 340 PATRICK MILL RD
CITY-ST-ZIP LILBURN, GA 30048 WINDER GA 30680

TITLE CFO
NAME BRAUTIGAN, DAVE R
STREET ADDRESS 3800 NORTH STRATFORD RD
CITY-ST-ZIP ATLANTA, GA 30342

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

10-11-07

Date

404-352-9222

Daytime Phone #