2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P04000109126

Entity Name: KELLY REFRIGERATION SERVICES, INC.

Current Principal Place of Business:

1950 W. NEW HAMPSHIRE ST.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540117
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 38-3705361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLERBROCK, DEAN
467 DOGWOOD CT
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DEAN ELLERBROCK
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WAGNER, TIMOTHY J
Address: 11726 AUTUMN TREE DR
City-St-Zip: FORT WAYNE, IN 46845

Title: T ( ) Delete
Name: DEETER, JOSEPH K
Address: 10017 SCHUYLER CT
City-St-Zip: FORT WAYNE, IN 46804

Title: VPO ( ) Delete
Name: ZOLLINGER, WAYNE D
Address: 704 ROLLINGWOOD LANE
City-St-Zip: FORT WAYNE, IN 46845

Title: VPE ( ) Delete
Name: LIGHT, TODD A
Address: 11115 MILLWOOD CT
City-St-Zip: FORT WAYNE, IN 46845

Title: S ( ) Delete
Name: ELLISON, TIMOTHY J
Address: 8309 TRENTMAN RD
City-St-Zip: FORT WAYNE, IN 46816

Title: VPSM ( ) Delete
Name: ELLERBROOK, DEAN
Address: 467 DOGWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN ELLERBROCK V.P. 10/06/2006
Electronic Signature of Signing Officer or Director Date