

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000146111

1. Corporation Name

COLD-ZONE REFIGERATION INC.

300177069273
04/22/10--01028--010 **450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

400 County Line Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

City & State

Oakland, Florida

City & State

Zip

34787

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2005

5. FEI Number
20-3732574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth V. Sturgeon

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

1520 Cashiers Drive

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

☒ 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

4-19-10

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
DP	Kenneth Sturgeon	1520 Cashier's Drive	Winter Garden FL 34787
VP	Don Perry	425 Iowa Woods Cr. E.	Orlando, Florida 32824

04/23

10. E-mail Address: **coldzonerefrigeration@yahoo.com**

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-10

Daytime Phone #