


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000144354

1. Corporation Name

CENTRAL FLORIDA FREEZER, INC.

2. Principal Office Address - No P.O. Box #
1801 BRADFORD AVE
Suite, Apt. #, etc.

3. Mailing Office Address
3000A AVE K
Suite, Apt. #, etc.

City & State
LEESBURG, FL

City & State
BROOKLYN, NY

Zip 34748 **Country** USA

Zip 11210 **Country** USA

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida 11/14/2006

5. FEI Number ☒ 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
ERIC P. STEIN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1820 NE 163RD STREET
Suite, Apt. #, Etc.
SUITE 100

City NORTH MIAMI BEACH **State** FL **Zip Code** 33162

☒ 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** 11/13/08

REGISTERED AGENT MUST SIGN

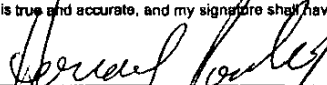
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HOWARD PODOLSKY	3000A AVE K	BROOKLYN, NY 11210 USA

REINSTATEMENT
2008

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11/17/08--01071--011 **158.75

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:  **HOWARD PODOLSKY** **Date** 11/13/08 **Daytime Phone #** (352) 365-6965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

