

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
2014**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 DEC 30 AM 8:32

ALLAHABAD, FLORIDA

DOCUMENT # P10000022333

1. Corporation Name

Eskimo 24 Hour A/C and Refrigeration, Inc.

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

3125 Fortune Way

Suite, Apt. #, etc.

Suite 14

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

3125 Fortune Way

Suite, Apt. #, etc.

Suite 14

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03/12/2010

5. FEF Number

27-2136868

Applied For

X

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

Damian Carrera

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

3125 Fortune Way

Suite, Apt. #, etc.

Suite 14

City

Wellington

State

FL

Zip Code

33414

500267848895
12/30/14--01032--007 **750.00

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

REGISTERED AGENT MUST SIGN

Date 12-29-14

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	Damian Carrera	3125 Fortune Way, #14	Wellington, FL 33414

10. E-mail Address: Dcarrera@air24hour.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-14

Daytime Phone #

K. ASHTON