

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 21 PM 3:45

DOCUMENT # P17255

1. Corporation Name

BAILEY REFRIGERATION CO., INC.

2. Principal Office Address

28063 FAITH LANE

Suite, Apt. #, etc.

City & State

HILLIARD, FL

Zip

32046

Country

3. Mailing Office Address

2323 RANDOLPH AVE

Suite, Apt. #, etc.

City & State

AVENEL, NJ

Zip

07001

Country

REINSTATEMENT

93-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida -

12-16-1987

5. FEI Number

222846856

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALL.

State

FL

Zip Code

32301

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

Date

12/21/05

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
PD	BAILEY, BENJAMIN A	2323 RANDOLPH AVE	AVENEL, NJ 07001
SD	BAILEY, LAURA	2323 RANDOLPH AVE	AVENEL, NJ 07001
V	CANTWELL, VIRGINIA	2323 RANDOLPH AVE	AVENEL, NJ 07001

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 under section 119.07(3)(i), 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:

1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/05

Date

(732)382-1225

Daytime Phone #