

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35528

1. Corporation Name

CERTIFIED COMMERCIAL REFRIGERATION, INC

Principal Place of Business

Mailing Address

**2246 BOBWHITE LANE
PENSACOLA, FLORIDA 32534**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2246 BOBWHITE LANE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2246 BOBWHITE LANE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32534

Country

USA

Zip

32534

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/91

5. FEI Number

59-3068407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	KEVIN J. STAFFORD	2246 BOBWHITE LANE	PENSACOLA, FL 32534
S/T/D	RAE M. STAFFORD	2246 BOBWHITE LANE	PENSACOLA, FL 32534

700002306477--0
-09/29/97-01139-018
***1245.00 ***1245.00
JB
a-20-07

8. Name and Address of Current Registered Agent

**ARTICE L. MCGRAW, ESQ
817 N. PALAFOX ST.
PENSACOLA, FL 32501**

9. Name and Address of New Registered Agent

Name

KEVIN J. STAFFORD

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

2246 BOBWHITE LANE

Suite, Apt. #, Etc.

City

PENSACOLA,

State

FL

Zip Code

32534

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

KEVIN J. STAFFORD

REGISTERED AGENT MUST SIGN

Date

9/22/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

KEVIN J. STAFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/97

Daytime Phone #

850-937-9354

CR2E040 (12/96)