

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 20 PM 3:36

DOCUMENT # P93000012380

1. Corporation Name
Temperature Services, Inc.

2. Principal Office Address
6215 118th Avenue North

Suite, Apt. #, etc.

City & State
Largo, FL

Zip
33773

Country
USA

3. Mailing Office Address
6215 118th Avenue North

Suite, Apt. #, etc.

City & State
Largo, FL

Zip
33773

Country
USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida 2/10/93

5. FEI Number
59-3166377

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
Robert Lazarus

Street Address (P.O. Box Number is Not Acceptable)
6215 118th Avenue North

Suite, Apt. #, Etc.

City
Largo

State
FL

Zip Code
33733

7000004131117--6

-05/09/01--01094--007

*****900.00 *****900.00

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 *Robert Lazarus*
REGISTERED AGENT MUST SIGN

Date 3-26-01

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.	Robert Lazarus	6215 118th Avenue North	Largo, FL 33773
ST	Carol Lazarus	6215 118th Avenue North	Largo, FL 33773
			AD

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: *Robert Lazarus* ROBERT LAZARUS 3-26-01 727 535-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #