

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

03 NOV 13 PM 4:03

DOCUMENT # P93000048249

1. Corporation Name

HI TECH COOLING INC.

2. Principal Office Address

673 SW WHITMORE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

673 SW WHITMORE DRIVE

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

City & State

PORT ST. LUCIE

Zip

34984

Country

USA

Zip

34984

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

07/02/93

5. FEI Number

65-0419410

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

SINGH PARAMOUTIE

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

1699 SW SUNSET TRAIL

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

*Paramoutie Singh*

REGISTERED AGENT MUST SIGN

Date 11/7/03

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
PRESID	SINGH YOGNAUTH	1699 SW SUNSET TRAIL	PALM CITY, FL 34990
VP	SINGH PARAMOUTIE	1699 SW SUNSET TRAIL	PALM CITY, FL 34990

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

*Paramoutie Singh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/03

722-340-0543  
Daytime Phone #

CR2E081 (10/02)