

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

98-00 AR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000008931

1. Corporation Name

SHORE REFRIGERATION INC.

2. Principal Office Address

10607 KIM LANE

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34669

Country

3. Mailing Office Address

10607 KIM LANE

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34669

Country

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

2/3/1994

5. FEI Number

59-3241994

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

THOMAS RICCARDO JR

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

10607 KIM LANE

Suite, Apt. #, Etc.

City

HUDSON, FL 34669

600003217706-9

-04/21/00--01007--009

****450.00 ****450.00

State
FL

Zip Code

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

Thomas Riccardo
REGISTERED AGENT MUST SIGN

Date 3-29-2000

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
PRES	THOMAS RICCARDO	10607 KIM LANE	HUDSON, FL 34669

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:

Thomas Riccardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2000

Date

Daytime Phone #

1-727-856-4373

CR2E081 (9/99)

ROBERT J. FEDOR
CERTIFIED PUBLIC ACCOUNTANT
10422 U.S. Highway 19
Port Richey, FL 34668
(727) 863-0223

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March 02, 2000

Division of Corporations
5050 W. Tennessee Street
Tallahassee, Florida 32399-0135

Re: Annual Report/ Corporation Fee
Shore Refrigeration, Inc.
FEIN# 59-3241994

Dear Sir/ Madam,

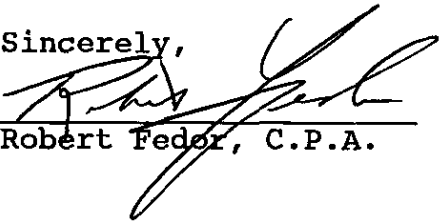
We have just learned that the aforementioned corporation has still not been reinstated.

Enclosed please find our application for re-instatement and a check for \$450.

We did not receive the original renewal forms in the mail.

Should you have any questions, please feel free to write or call me at the number above.

Sincerely,


Robert Fedor, C.P.A.