

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000048354

1. Entity Name  
SOVRIN REFRIGERATION AND AIRCONDITION INC.



FILED  
08 NOV 13 PM 3: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1667 W. MCNAB RD.  
POMPANO BEACH, FL 33069 US

Mailing Address  
1667 W. MCNAB RD.  
POMPANO BEACH, FL 33069 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0589926

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORDE, WINSTON A  
5301 NW 12 ST  
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
FORDE, WINSTON A  
1667 W. MCNAB RD.  
POMPANO BEACH, FL 33069

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300137791913  
11/10/08--01055--009 \*\*750.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Winston Forde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/08 954  
783-9294