


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 31 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # P97000035966

1. Corporation Name
Gold Coast Refrigeration & Air Conditioning, Inc.

2. Principal Office Address
8261 S.W. 28 street

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip 33155 **Country** US

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0746762 **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 Armando Colls

Street Address (P.O. Box Number is Not Acceptable) 8261 SW 28 Street

Suite, Apt. #, Etc.

City Miami **State** FL **Zip Code** 33155

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***1050.00 ***1050.00

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 *[Signature]* **Date** 1/29/02

REGISTERED AGENT MUST SIGN

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
D	Armando Colls	8261 SW 28 street	Miami FL 33155

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: *[Signature]* **Date** 1/29/02 **Daytime Phone #** (305) 903-7786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-2001 (9/00)