

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 13 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000077100**

1. Corporation Name
Advanced Refrigeration & Air Conditioning, Inc.

2. Principal Office Address
714 Doyce Drive

3. Mailing Office Address
P O Box 162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Walton Beach, FL

City & State
Hattiesburg, MS

Zip Country
32547 Okaloosa

Zip Country
39403 Forrest

4. Date Incorporated or Qualified
To Do Business in Florida *09/05/1997*

5. FEI Number
62-1716787

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name
Timmy L. Kellar

Street Address (P.O. Box Number is Not Acceptable)
1969 Old Foley Road

Suite, Apt. #, Etc.

City
Perry

State Zip Code
FL *32347*

~~70000802515~~ --5
~~-09/25/02--01081-019~~
~~****900.00 ****300.00~~

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]

REGISTERED AGENT MUST SIGN

Date *8/1/02*

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	<i>Howard L. Tucker, Jr.</i>	<i>83 Keith Jeter Rd</i>	<i>Hattiesburg, MS 39401</i>
V	<i>Vincent O. Bayles</i>	<i>8 Sharilyn Drive</i>	<i>Shalimar, Fl 32579</i>

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]

Howard L. Tucker, Jr

08/01/02

(601)583-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)