

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000096828**

1. Corporation Name

ACE AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business

7311 NW 12TH STREET
SUITE #18
MIAMI FL 33126

Mailing Address

PO BOX 226795
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1997

5. FEI Number

65-1053522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02



700008976637

11/14/02--01001--030 **758.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HERNANDEZ, JANY	7311 NW 12TH STREET	MIAMI FL 33126
VP	PERAZA, ROSA	7311 NW 12TH STREET	MIAMI FL 33126

8. Name and Address of Current Registered Agent

HERNANDEZ, JANY D
7311 NW 12TH STREET
SUITE #18
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Rosa Peraza

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

7311 NW 12th Street

Suite, Apt. #, Etc.

Suite #18

City

miemi, FL

State

FL

Zip Code

33126

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/1/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02

Date

(305) 778-6243

Daytime Phone #