

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004531

1. Entity Name
PREMIUM SERVICES REFRIGERATION OF BAY
COUNTY, INC.



Principal Place of Business
6211 NADINE ROAD
PANAMA CITY, FL 32404

Mailing Address
PO BOX 38357
TALLAHASSEE, FL 32315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12142005

REIN-P

CR2E088 (8/04)

4. FEI Number

59-3548317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORREST, TERRY
306 BREAVER LAKE RD.
TALLAHASSEE, FL 32312

Name

Street

City

FL

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 of Agent or Person in Charge of Filing (if not the same person)

(NOTE: Registered Agent signature required when representing)

Date

FILE NOW! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
FORREST, TERRY
306 BREAVER LAKE RD.
TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
MIDYETTE, DARREN
6211 NADINE ROAD
PANAMA CITY, FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
900065111000
02/03/06--01004--004 **300.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

December 15, 2005

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Premium Services Refrigeration of Bay County, Inc.

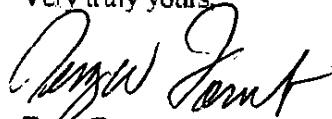
Dear Sir or Madam:

The purpose of this letter is to advise you that I have no record of receiving correspondence from your office regarding the need to file the Annual Report for Premium Services Refrigeration of Bay County, Inc. (the "Corporation").

Therefore, I am requesting that you waive the reinstatement fee for the Corporation.

If you have any questions regarding this matter, please do not hesitate to contact my attorney, Jim Hines, who is handling this matter on my behalf.

Very truly yours,



Terry Forrest