

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 28 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000020644

1. Corporation Name

MACK'S REFRIGERATION & AIR CONDITIONING, INC.

427 W. EL PASO AVENUE

427 W. EL PASO AVENUE

2. Principal Office Address

427 W. EL PASO AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

427 W. EL PASO AVENUE

Suite, Apt. #, etc.

City & State

CLEWISTON, FL

City & State

CLEWISTON, FL

Zip

33440

Country

USA

Zip

33440

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/04/1999

5. FEI Number

65-0899029

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

Melanie A. McGahee, Esq.

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

417 West Sugarland Hwy.

Suite, Apt. #, Etc.

100041216371
09/21/04--01051--002 **820.00

City

Clewiston

State

FL

Zip Code

33440

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

Melanie A. McGahee

Date 09/20/2004

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 |
|--------|--------------------------------------|---|---------------------|
| P | CECIL MILTON HARRIS | 427 W. El Paso Avenue | Clewiston, FL 33440 |
| ST | WAYNETTE J. HARRIS | 427 W. El Paso Avenue | Clewiston, FL 33440 |
| VP | MARK A. RAMBO | 427 W. El Paso Avenue | Clewiston, FL 33440 |
| | | | |
| | | | |
| | | | |

400041951174
10/18/04--01098--019 **80.00

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:

C. Milton Harris C. Milton Harris

09/20/2004

(863) 228-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)