

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -5 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042214**

1. Corporation Name

**HORIZON REFRIGERATION &
AIR CONDITIONING, INC.**

2. Principal Office Address

618 S. 28th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4001 S. OCEAN DR - 8-P

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip Country

33020 USA

City & State

Hollywood, FL

Zip Country

33019 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/10/99

5. FEI Number

65-0923246

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

WALK, JOHN H.

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

4001 S. OCEAN DR.

Suite, Apt. #, Etc.

UNIT 8-P

City

Hollywood

State
FL

Zip Code

33019

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 **6-21-02**

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
Dir. Pres.	WALK, JOHN H.	4001 S. OCEAN DR UNIT 8-P	Hollywood, FL 33019
Dir. Secy/Treas	WALK, Robert A G.	4001 S. OCEAN DR UNIT 8-P	Hollywood, FL 33019

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A G. WALK

Date

6/21/02

Daytime Phone #

954-448-

8474

CR2E081 (8/01)

js 7/8/02