

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000053865**

1. Corporation Name

SOUTHEAST CRYOGENIC SERVICES, INC.

Principal Place of Business

Mailing Address

8315 NW 64 STREET
SUITE 3
MIAMI FL 33166

8315 NW 64 STREET
SUITE 3
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



800028632338
02/12/04--01005--015 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

5. FEI Number

59-3584052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRUZ, JOHNNY	8315 NW 64 STREET, SUITE 3	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRUZ, JOHNNY
8315 NW 64 STREET
SUITE 3
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Johnny Cruz

REGISTERED AGENT MUST SIGN

Date

2-5-04

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:

Johnny Cruz

JOHNNY CRUZ

2-5-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

SOUTHEAST CRYOGENIC SERVICES INC.

STATE CERTIFIED MECHANICAL CONTRACTOR CMC-057048

8315 NW 64th. St. Suite No. 3 Miami, FL. 33166

Office: (305) 716-0101 Fax: (305) 716-0102 Cell: (813) 917-2510

Florida Department of State
Division of Corporations
Attention: Glenda E. Hood
P.O. Box 6327
Tallahassee, FL. 32314

Feb. 5, 2004

Reference: Application for Reinstatement / UBR-Forms

Dear Glenda:

I would like this letter to serve as an official notice to the Division of Corporations that I did not receive any of the UBR forms. I called 850-245-6059 and spoke to one of your officials and he said I needed to send this letter and a check for \$300.00 with the Application for Reinstatement.

I have enclosed the application and also a check for that amount and would like to go ahead and have my Corporation Reinstated as required by law.

Thank you for your help and if you have any questions or concerns please feel free to call me toll free at 877-716-0101 or email me at secryogenics@aol.com.

Thanks!



Johnny Cruz
Southeast Cryogenic Services, Inc.