

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000053865

1. Corporation Name

SOUTHEAST CRYOGENIC SERVICES, INC.

FILED

03 JAN -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8315 NW 64 STREET
SUITE 3
MIAMI FL 33166

Mailing Address

8315 NW 64 STREET
SUITE 3
MIAMI FL 33166



REINSTATEMENT

02

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

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	333 NORTH FAULKENBURG ROAD, SUIT 8315 NW 64 ST. SUITE 3 MIAMI - FL	TAMPA FL 33619 MIAMI - FL 33166

800009782238
01/02/03--01025--021 **750.00

8. Name and Address of Current Registered Agent

CRUZ, JOHNNY
333 NORTH FAULKENBURG ROAD, SUITE B-233
TAMPA FL 33619

8315 NW 64 ST. Suite 3
MIAMI - FL 33166

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
JOHNNY CRUZ
REGISTERED AGENT MUST SIGN

Date 12/30/02

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
JOHNNY CRUZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY CRUZ 12/30/02 716-0101

Date

Daytime Phone #