

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1998 MAR 13 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V07732

1. Corporation Name

Moore Haven Thermal, Inc.

Principal Place of Business

Mailing Address

1335 North B Street  
Tampa, FL 33606

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

4. Date Incorporated or Qualified  
To Do Business in Florida 01/21/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59-3182662

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

8000002459778

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State Zip
P,S,D	William V. Simms, Jr.	4915 San Rafael	Tampa, FL 33629
D	James Aardma	3900 Old Field Crossing Dr., #309	Jacksonville, FL 32223
AS	Marc Richman	1335 North B Street	Tampa, FL 33606

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Elizabeth P. Francis  
2700 Barnett Plaza  
101 E. Kennedy Blvd.  
Tampa, FL 33602

Name  
Mark J. Ragusa, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
201 E. Kennedy Blvd.  
Suite, Apt. #, Etc.  
Suite 1000

City  
Tampa

State  
FL

Zip Code  
33602

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.

Signature of  
Registered Agent

Mark J. Ragusa

REGISTERED AGENT MUST SIGN

Date 3 / 6 / 98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William V. Simms, Jr.

3 / 9 / 98

Date

813-244-5938

Daytime Phone \*