

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V28986

1. Corporation Name

Industrial Cryo Services, Inc.

2. Principal Office Address - No P.O. Box #

4101 E. 12th Ave., Bldg. A

3. Mailing Office Address

4101 E. 12th Ave., Bldg. A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

REINSTATEMENT 03-07
CR2E081 (1/07)

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

1992

5. FEI Number

593116404

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
Santiago, Moises

Street Address (P.O. Box Number is Not Acceptable)
4101 E. 12th Ave., Bldg. A

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33605

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Date June 8, 2007

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
CP	Santiago, Moises	4101 E. 12th Ave., Bldg. A	Tampa, FL 33605
D	Yates, Carl D.	4101 E. 12th Ave., Bldg. A	Tampa, FL 33605

12/6/12

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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 contained in Chapter 119, 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

June 8, 2007

Date

813-241-4274

Daytime Phone #