

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -2 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016793

1. Corporation Name

L.T. AUTO COOL, INC

2. Principal Office Address

5340 NW 183 St

Suite, Apt. #, etc.

City & State

Miami, Fl 33055

Zip

Country

USA

3. Mailing Office Address

5340 NW 183 St

Suite, Apt. #, etc.

City & State

Miami, Fl 33055

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1082001

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

Luis Tellez

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

5340 NW 183 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Luis Tellez	5340 NW 183 St	Miami, Fl 33055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/05

CR2001 (01/04)

Miami, Fl., March 2, 2004

Fla. Dpt. State
Division of Corp
PO Box 6327
Tallahassee, Fl 32314

Re: L.T. AUTO COOL INC
Doc # P01000016793


Sirs:

Please, find enclosed the correspondent form for Rein stamente, for the Corporation mentioned above.

We are enclosing a check for \$ 300.00 covering year 2004 and 2005, c
soliciting to you, respectfully, with our consideration for the
penalty that apply. Really, my problem was for a minor heart attack,
suffered on year 2004. The business was stopped until now; that
I am feeling better, and ready to work again.

Due this circumstances I am asking you, please, for the waive of
that penalty, and, thanking too much, for this help yours.

Awaiting for your answer, I remain very truly yours



Ldis Tellez
L.T. Auto Cool Inc
5340 NW 183 St
Miami, Fl 33055