




# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000018008</b> 1. Entity Name <b>COOLENHEAT INC.</b>						<b>FILED</b> <b>07 OCT -8 PM 1:59</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>10905 SUNCREST COURT TAMPA, FL 33615</b>		Mailing Address <b>10905 SUNCREST COURT TAMPA, FL 33615</b>					
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-3589773</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORES, PETER A JR. 10905 SUNCREST COURT TAMPA, FL 33615</b>				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				<b>FL</b>		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> NAME <b>FLORES, PETER A JR.</b>	<input type="checkbox"/> Delete	TITLE <b>300110493163</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>10905 SUNCREST COURT</b>		STREET ADDRESS <b>10/09/07--01096--015 **150.00</b>	
CITY-ST-ZIP <b>TAMPA, FL 33615</b>		CITY-ST-ZIP		CITY-ST-ZIP <b>10/09/07--01096--015 **8.75</b>			
TITLE  NAME	<input type="checkbox"/> Delete	TITLE  NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE  NAME	<input type="checkbox"/> Delete	TITLE  NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE  NAME	<input type="checkbox"/> Delete	TITLE  NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE  NAME	<input type="checkbox"/> Delete	TITLE  NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: <u>Peter A. Flores Jr.</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>9/26/07</b> <small>Date</small>		<b>813 244-9401</b> <small>Daytime Phone #</small>	