

FAX AUDIT No. H02000043643

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000034356 1. Corporation Name COOLINE AMERICA CORPORATION			
2. Principal Office Address 15165 NW 77TH AVENUE Suite, Apt. #, etc. SUITE 2010 City & State MIAMI, FLORIDA Zip 33014		3. Mailing Office Address c/o Lisa Land One S.E. 3rd Avenue Suite, Apt. #, etc. 28th Floor City & State Miami, Florida Zip 33131	
		4. Date Incorporated or Qualified To Do Business in Florida 04/14/1999 5. FEI Number 65-0913216 6. CERTIFICATE OF STATUS DESIRED ☐	
		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE Suite, Apt. #, Etc. 28TH FLOOR City MIAMI State FL Zip Code 33131			
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 <i>Angelica M. Calabrese</i> REGISTERED AGENT MUST SIGN Date <i>2-25-02</i> Angelica M. Calabrese Assistant Secretary			
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
D	Abdullah M. Al-Zamil	c/o One S.E. 3rd Ave. 28th Floor	Miami, Florida 33131
D	Shaker J. Almooussa	c/o One S.E. 3rd Ave. 28th Floor	Miami, Florida 33131
P	Ali Hassan	c/o One S.E. 3rd Ave. 28th Floor	Miami, Florida 33131
S	Lory Shipley	c/o One S.E. 3rd Ave. 28th Floor	Miami, Florida 33131
			<i>1/2/25</i>
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: <i>Shaker K. Almooussa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>14TH FEB. 2002</i> Daytime Phone # <i>(305) 513 4000</i>	

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Angie Calabrese

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

CORPORATION REINSTATEMENT

COOLINE AMERICA CORPORATION

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