

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039375

1. Corporation Name
KOOLBEVS, INC

7999 N.W. 81st PLACE.
SAME

2. Principal Office Address
7999 N.W. 81st PLACE.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

[Handwritten Signature]

REINSTATEMENT 98.04

4. Date Incorporated or Qualified
To Do Business in Florida 5-2-1997

5. FEI Number ☒ 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
JORGE L. GARRIDO

Street Address (P.O. Box Number is Not Acceptable)
7999 N.W. 81 st PLACE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33166

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08/09/04--01046--006 **1660.00

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 8-5-2004

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
P/D	ALEXA GARRIDO	5910 S.W. 80 th STREET	MIAMI, FLORIDA 33143
S/D	JORGE L. GARRIDO	1025 HARDEE ROAD	CORAL GABLES, FLORIDA 33146

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-2004 (305) 629-9463
Date Daytime Phone #

CR2E081 (01/04)