

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 31 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716663

1. Corporation Name

Operation Keep Cool, Inc.

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

Heller & Co.

Suite, Apt. #, etc.

4193 N. Bay Rd.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

PO Box 680580

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1969

5. FEI Number

59-2584136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Broad and Cassel

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

2 S. Biscayne Boulevard

Suite, Apt. #, Etc.

21st Floor

City

Miami

State

FL

Zip Code

33131

800267730878
12/23/14--01031--010 **236.25

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date December 19, 2014

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
P	Seth Heller	2 S. Biscayne Blvd, 21st Fl	Miami, FL 33131
VP	Yanine Moreira	Same	
ST	Yanine Moreira	Same	

REINSTATEMENT

DEC 31 2014

R. HUNT

10. E-mail Address: ekolmansberger@broadandcassel.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Erin Kolmansberger

Fax:

12/19/2014

305-373-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #