2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000004138

HOWARD, MICHELLE

BROKEN ARROW, OK 74112

800 W. BOSTON ST.

Name:

Address:

City-St-Zip:

Entity Name: COOLEY CONSTRUCTORS INC

FILED Oct 04, 2007 Secretary of State

Littly Name: Cooler Constructors, Inc.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2501 N. W OKLAHOM	'ESTERN MA CITY, OK 7	3106			
Current Mailing Address:			New Mailing Address:		
P.O. BOX OKLAHOM	60646 MA CITY, OK 7	3146			
FEI Number	: 73-1302937	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: ROBERT	K. COOLEY			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (COOLEY, ROB P.O. BOX 6064 OKLAHOMA CI	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (COOLEY, C.L. P.O. BOX 6064 OKLAHOMA CI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LYNNE ANNE E 13626 ORCHA POWAY, CA 9	RD GATE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (. Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT K. COOLEY PRES 10/04/2007