## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000005452

Entity Name: FLORIDA COOLING SUPPLY, INC.

FILED Nov 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3955 W. SUNSET ROAD LAS VEGAS, NV 89118				19353 US 19 NORTH, SUITE 102 CLEARWATER, FL 33764			
Current Mailing Address:				New Mailing Address:			
19353 U.S. 19 NORTH, SUITE 102 CLEARWATER, FL 33764			2665 S. BAYSHORE DRIVE #901 COCONUT GROVE, FL 33133				
FEI Number: 76-0495526 FEI Number Applied For ( )			FEI Nun	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name an					Address of	f New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US  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.							
SIGNATURE: SUSIE KNIGHT  Electronic Signature of Registered Agent					 Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	KNOOP, MIKE	Delete DRTH, SUITE 102 FL 33764		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MARESCA, ANTH	DRIVE, SUITE 440		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOGAN, BARRY	RE DRIVE, SUITE 901		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ()E KHAN, ERIC 3200 WILCREST HOUSTON, TX 7	DRIVE, SUITE 440		Title: Name: Address: City-St-Zip:	ST. PIERRE, 19353 U.S. 1	(X) Change()Addition , CHRIS 19 NORTH, SUITE 102 ER, FL 33764	
Title: Name: Address: City-St-Zip:	MENENDEZ, ANA	RE DRIVE, SUITE 901		Title: Name: Address: City-St-Zip:	MENENDEZ, 2665 S. BAY	(X) Change()Addition ANA M SHORE DRIVE, SUITE 901 ROVE, FL 33133	
Title: Name: Address: City-St-Zip:	POINTEXTER, C	RE DRIVE, SUITE 901		Title: Name: Address: City-St-Zip:		( ) 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.

SIGNATURE: EFY DISTEFANO AT 11/21/2008