

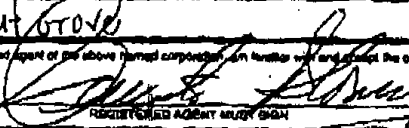
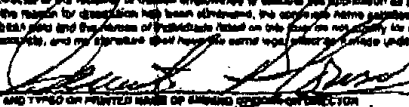
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F10407 1. Corporation Name Amerikooler, Inc			
2. Principal Office Address 675 East 10 Avenue Suite, Apt. #, etc.		3. Mailing Office Address 675 East 10 Avenue Suite, Apt. #, etc.	
City & State Hialeah FL.		City & State Hialeah FL.	
Zip 33010	Country U.S.A.	Zip 33010	Country USA
4. Date incorporated or qualified To do business in Florida		5. File Number 692220509	
6. Certificate of Status Desired ☐		Applied For N/A Applicable	
7. Name and Address of Current Registered Agent Name Alonso, Renato M. Street Address (P.O. Box Number is not authorized) 4170 Reynolds Avenue Suite, Apt. #, etc. City Coconut Grove State FL Zip Code 33133			
8. I, hereby appoint the registered agent of the above named corporation, an individual, and accept the obligations of section 607.0005 or 617.0005, F.S. Signature of Registered Agent  Date 12/26/01 REGISTERED AGENT MUST SIGN			
9. Name and Street Address of Each Officer and/or Director (For all foreign corporations must be filled in)			
Title P/D/O	Name of Officer and/or Director Alonso, Renato M.	Street Address of Each Officer and/or Director 4170 Reynolds Avenue	City / State / Zip Miami FL. 33133
10. I certify that I am an officer or director of this company, or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been determined, the corporation has paid the requirements of section 607.0001 or 617.0001, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form are not subject to an injunction under section 110.07(5)(d), F.S. The information furnished on this application is true and complete, and my signature shall have the same legal effect as if made under oath.			
SIGNATURES:  SIGNATURE AND TYPE ON PRINTED NAME OF SHARED OFFICER OR DIRECTOR		Date 12/26/01 Daytime Phone #	

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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:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

AMERIKOOLER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00