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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

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
675 East 10 Avenue	675 East 10 Avenue
Bldg., Apt. #, etc.	Bldg., Apt. #, etc.
City & State: Hialeah FL.	City & State: Hialeah FL.
Zip: 33010 County: U.S.A	Zip: 33010 County: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 592220505 — Applied For / N/A Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Alonso, Renato M.
Street Address (P.O. Box Number is not acceptable): 4170 Raynolds Avenue
Bldg., Apt. #, etc.
City: Coconut Grove — State: FL — Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0305, F.S.

Signature of Registered Agent: _____ Date: 12/26/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must have a minimum of 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D/TD	Alonso, Renato M.	4170 Raynolds Avenue	Miami FL. 33133

10. I certify that I am an officer or director of the corporation 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 reserved 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 12/26/01 NW
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #

H02000001261 5

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
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Page Count	01
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