


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000004144		
1. Entity Name CRACKER SWAMP COOLING, INC.		

Principal Place of Business 2925 HUNTLEIGH DRIVE RALEIGH, NC 27604	Mailing Address 2925 HUNTLEIGH DRIVE RALEIGH, NC 27604
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED
05 NOV -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262005 REIN-P CR2E098 (6/04)

4. FEI Number 56-2083732	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GILL, JOHN H GILL FARM SALES, 2080 HURLEY MT. RD. HURLEY, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061220513 11/07/05--01065--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP MCGEE, MICHAEL J 2925 HUNTLEIGH DRIVE RALEIGH, NC 27604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEE, JOSEPH E 2925 HUNTLEIGH DRIVE RALEIGH, NC 27604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Michael J. McGee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/2/05 Date	919-981-8064 Daytime Phone #
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