## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITECALIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE by of State corporations		SECRETARY OF STATE VISION OF CORPORATIONS  8 JUN 12 PM 1: 22		
DOCUMENT # L01000009431  1. Limited Liability Company's Name  Cooled by F.C.E., LLC.			300131389683 06/17/0801004011 **555.00			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address -		Office Address  Fox CRETTE Da  #, etc.		CR2E041 (12/07)  4. State/Country of Formation  5. Date Organized or Qualified		
City & State  SATCASOTA FL  Zip Country  342.40 USA	City & State  SARASOTA, FL  Zip  34240 Country  USA		5. Date Organized of Qualified To Do Business in Florida  6. FEI Number  6. FEI Number  7. CERTIFICATE OF STATUS DESIRED  SS.00 Additional Fee required for a Certificate of Status			
Name ROBERT FE Street Address (P.O. Box Number is Not Acceptable 1380 FOX RU Suite, Apt. #, Etc.  City SARASOTA	77	State Zip Code				
Signature of Registered Agent   Cabert   Cabert						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR KATHLEEN FETT		1380 Fox CREEK In		SARASOTA FL 34240		
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REINSTATEMENT 65-08						
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Manager Manager Date 4/21/05 Daytime Phone # 94/-318-9227  Typed or printed name of signing Managing Member/Manager KATHLCED FETT						