

**2005 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

DOCUMENT # L03000016495

1. Entity Name  
COOL BREEZE ENGINEERING LLC



FILED  
05 OCT -3 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
455 TROUT RIVER DR.  
JACKSONVILLE, FL 32208

Mailing Address  
14212 GOSSETT ROAD  
JACKSONVILLE, FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
36-4530406

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICKETTS, JACK F  
14212 GOSSETT ROAD  
JACKSONVILLE, FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

/s/ JACK F. RICKETTS

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICKETTS, JACK F 455 TROUT RIVER DR. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000060500544 10/11/05--01067--002 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jack Ricketts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Oct 3, 2005 (904) 608-5014  
Date Daytime Phone #