

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L03000051401

1. Entity Name
COOL BREEZE PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 27 AH 10: 00

Principal Place of Business
350 HOMESTEAD ROAD SOUTH
LEHIGH ACRES, FL 33936

Mailing Address
350 HOMESTEAD ROAD SOUTH
LEHIGH ACRES, FL 33936

2. Principal Place of Business
5645 Dewitt Rd.

Suite, Apt. #, etc.

City & State
Fostoria, OH

Zip
44830

Country
USA

10242005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0419623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRICK, JERE
350 HOMESTEAD ROAD SOUTH
LEHIGH ACRES, FL 33936

Name
Kinn, John

Street Address (P.O. Box Number is Not Acceptable)
350 Homestead Road South

City
Lehigh Acres

FL Zip Code
33936

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

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

(NOTE: Registered Agent signature required when reinstating)

10-24-05

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 MGR
NAME KINN, JOHN
STREET ADDRESS 350 HOMESTEAD RD
CITY-ST-ZIP LEHIGH ACRES, FL 33936

Delete

TITLE Mgr.
NAME Kinn, John
STREET ADDRESS 5645 Dewitt Rd.
CITY-ST-ZIP Fostoria, OH 44830

Change Addition

TITLE MGR
NAME KUHL, DAVID
STREET ADDRESS 350 HOMESTEAD RD
CITY-ST-ZIP LEHIGH ACRES, FL 33936

Delete

TITLE Mgr
NAME Kuhl, David
STREET ADDRESS 5645 Dewitt Rd.
CITY-ST-ZIP Fostoria, OH 44830

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

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

10-24-05

Date

Daytime Phone #