

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 16 AM 10:17

DOCUMENT # L05000044529

1. Limited Liability Company's Name

Cold Property Holding LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1150 S.W. 30th Ave.		3. Mailing Office Address 1150 S.W. 30th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069	Country USA	Zip 33069	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida May 2005	
6. FEI Number 25-1916940	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Michael Matras		
Street Address (P.O. Box Number is Not Acceptable) 1947 S.W. 17th Street		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33486

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07/16/10--01036--005 **655.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Michael Matras
REGISTERED AGENT MUST SIGN

Date 7-14-10

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
MGRM	Michael Matras	1947 S.W. 17th Street	Boca Raton, FL 33486
MGRM	Sharon Von Bank	1947 S.W. 17th Street	Boca Raton, FL 33486
MGRM	Deborah Reynolds	4311 N.W. 59th Street	Fort Lauderdale, FL 33319

REINSTATEMENT 2007-2010

11. E-mail Address debbie@supremehimport.com

(To be used for future annual report notifications)

12. 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 filing 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 Managing Member/Manager Deborah Reynolds Date 7-14-10 Daytime Phone # 954-917-9595

Typed or printed name of signing Managing Member/Manager