PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY COMP			10 JUL -7 PM 1:37		
DOCUMENT # LOGOOOG 5052 1. Limited Liability Company's Name				CRETARY OF STATE LAHASCEE, FLORIDA NSTATEMENT	
Cool It LLC			800171993598 03/12/1001003020 **238.75 CR2E041 (11/09)		
Principal Office Address - No P.O. Box # 3, Mailing Office Address				GRZEGAT (TI703)	
1812 Leving Ave Suite, Apt. #, etc.	1812 TRVING Ave		4. State/Country of Formation FLORIDA / U.S.A		
, doile, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organized or Qualified		
City & State City & State			To Do Business in Florida June 27,2006 6. FEI Number Applied For		
-ehigh Acres TL Lehigh Acres to Country		743185762 Not Applicable			
Zip Country	33972	USA	7. CERTIFICATI	S 5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Michael P. Harraman			A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable)			in circumstances which the entity did not receive the prior notices. By checking this		
1812 TRYING AME Suite, Apt. #, Etc.			box, you are certifying the prior notices were		
•			not received and requesting the \$100 reinstatement be waived.		
Lehich Acres FL 33772			05/05/10-1-07-0-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-		
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				Date 2-23-10	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Street Address of Eac Managing Members/Managers Managing Member/Managers			City / State / Zıp		
mgrm Donald G. Hendrick + 1812 Teving Ave Lehigh Acres Fr 3377					
morm Michael R. Hammer 1812 Irving Are Lehigh Acres Fr 3392					
MGRM TAMMAR HAMM	er 181	2 IRVING A	re	Lehigh Acres Fr 33972	
mgen Adamo Panza		a Irving,	-	Lehigh Acres Fr 337-2	
	ľ		44		
mgem Kobert Adams	5 1 1 1 1	2 Irving	TIVE	Lehigh Access Fi 38970	
11. E-mail Address: Flammers & Embargeri Com [To be gred 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 Alardanda Alardanda 3/39-573 239					
Managing Member/Manager Daytime Phone #					
No. 1 to 1					