

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2018 FEB 23 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600303503476  
02/20/18--01041--005 \*\*\$77.50

CR2E041 (1/14)

DOCUMENT # L16000846006

1. Limited Liability Company's Name

Think Cool LLC

2. Principal Office Address - No P.O. Box #

268 Hampshire Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Zip

34606

Country

Hernando

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

3-19-2007

6. FEI Number

20856-5020

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Darren Associates

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

4044 Commercial Way

Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-23-2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of  
Authorized Representatives/  
Managers

Street Address of Each  
Authorized Representative/  
Manager

City / State / Zip

P Gerald Knight

268 Hampshire Ave.

Spring Hill FL 34606

VP Theresa Knight

268 Hampshire Ave.

S.H. FL 34606

11. E-mail Address

tknight268@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Gerald Knight

Date

1-25-18

Daytime Phone

352-585-6318

Typed or printed name of signing authorized representative/member