

FORMED

2006 JUN 15 PM 12: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # m602575

1. Corporation Name

Budget Cool inc

2. Principal Office Address
21010 NE 25th ct

Suite, Apt. #, etc.

3. Mailing Office Address
21010 NE 25th ct Miami FL 33180

Suite, Apt. #, etc.

City & State
Miami Fl.City & State
Miami FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4: Date Incorporated or Qualified To Do Business in Florida 1986

5. FEL Number
65-003009

Applied For	
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Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name _____

Name **Ronen Bazak**

Street Address (P.O. Box Number is Not Acceptable)
21010 NE 25th ct

Suite, Apt. #, Etc.

City _____

City
Miami FL.

State
FL

Zip Code
33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/13/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Ronen Bazak	21010 NE 25th ct	Miami Fl. 33180
			<div data-bbox="873 1537 1190 1621">B. Gellman</div> <div data-bbox="557 1621 1107 1688">REINSTATEMENT 03-04</div> <div data-bbox="1024 1722 1409 1747">000076429370</div> <div data-bbox="997 1751 1451 1780">06/21/06--01017--008 **1208.7</div>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____