2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000103295

1. Entity Name
COOOL BUILDINGS, INC.

FILED
06 NOV -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 383 ASTOR, FL 32107	PO BOX 383 ASTOR, FL 32107

2. Principal Place of Business	3. Mailing Address
23724 STATE RD 40	
Suite, Apt. #, etc.: 23724 SR 40	Suite, Apt. #, etc.
City & State: ASTOR FL	City & State
Zip: 32102 Country: LAKE	Zip Country

REINSTATEMENT

4. FEI Number: 59-3405560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPHARD, KENTON A CPA
23724 SR 40
ASTOR, FL 32102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 10/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

600080273976--0.00

09/29/06--01005--019 **750.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBS, PRESTON 23724 STATE ROAD 40 ASTOR, FL 32102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DIRECTOR 9/27/06 386 736 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K A SHEPHARD DIRECTOR
Preston S Gibbs - President

K. Eckel NOV 07 2006