

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -3 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011132

1. Corporation Name

EVERCOOL SERVICES, INC

06/03/03 01049-001 **150.00

700020419307
06/03/03--01049--001 **150.00

2. Principal Office Address

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

Country

33428 USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

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

KENT POE

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

23153 SW 60 WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

[Signature]

Date

7/1/03

REGISTERED AGENT MUST SIGN

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.	KENT POE	23153 SW 60 WAY	BOCA RATON, FL 33428

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/03

Daytime Phone #

854-270-1368

CR2E081 (10/02)

Arnold M. Gotthilf

ACCOUNTANTS & TAX CONSULTANTS

May 26, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Evercool Services, Inc. P01000011132
Letter Number: 203A00020924 dtd 4/8/03
Attn: Michelle Milligan

Dear Sirs:

We are herewith enclosing the form for Corporation Reinstatement, as per your letter referred to above. The check for \$150.00 was paid for this previously, and has cleared Evercool's bank account. Our previous communications informed you that the original annual form was never received by Evercool.

Now, enclosed is a new check for \$150.00 for the current year. Again, Evercool never received the original Form that was due 5/1/03. The enclosed check is in payment of that. If you need another form for 5/1/03 to be filed then please send it to me at the address shown below.

Please excuse the delay for the reply to your above referred to letter. This delay was caused by the fact that I have been ill and have been in and out of the hospital 3 times since then, and today is my first day back at my office.

Very truly yours,


Arnold M. Gotthilf