

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -8 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000089929

1. Corporation Name

COOL COLD REFRIGERATION, INC

2. Principal Office Address

13051 PORT SAID ROAD BAY #9

3. Mailing Office Address

13051 PORT SAID ROAD BAY #9

Suite, Apt. #, etc.

BAY #9

Suite, Apt. #, etc.

BAY #9 -

City & State

OPA LOCKA FL.

City & State

OPA LOCKA FL.

Zip

33054

Country

USA

Zip

33054

Country

USA

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

09/10/2001

5. FEI Number

65-1137467

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

SCARLETT Z. WATKINS

800008893398

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

13051 PORT SAID ROAD BAY #9

11/08/02 01104 004 **150 00

Suite, Apt. #, Etc.

BAY #9

City

OPA LOCKA

State
FL

Zip Code

33054

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

11/5/02

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
D	WATKINS, SCARLET Z	13051 PORT SAID ROAD BAY #9	OPA LOCKA FL 33054
D	WATKINS, MICHAEL A	13051 PORT SAID ROAD BAY #9	OPA LOCKA FL 33054

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

CR2E081 (9/01)

28 11/5/02

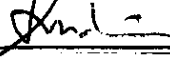
Cool Cold Refrigeration, Inc.
13051 Port Said Rd. Bay #9
Opa Locka Fl. 33054

November 5, 2002

Department of State
Division of Corporations

To whom it may concern:

This is to confirm that the previous
notices were not received.

Sincerely,


Scarlet Watkins