PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:						
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				, FILED 04 JAN -7 AN II: 34 SECRETARY OF STATE		
DOCUMENT # PO30 000 11465 1. Corporation Name					TALLAH	ÁSSEÉ, FLÓRIDA
Cool Air U.S.A. Corp.						
2. Principa	Office Address Office Address	3. Mailing Office Address	n Rd.		·	
Suite, Apt. #		Suite, Apt. #, etc. City & State			orated or Qualified ess in Florida	Applied For
Mia 25 33	mi Beach 12 Country 139 USA	Wilam, Beca 33139 \	untry USA.	6. CERTIFICATE		Not Applicable 75 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent						
i.	Name Orlando TSmail Street Address (P.O. Box Number is Not Acceptable) 10850 SW 88 St. Suite, Apt. #, Etc. 1-407				State Zip Code FL 33/7	191 **30(,00
Mi om i 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						
9. Names and Street Addresses of Eagh 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	
\mathcal{D}	Orlando Ismai	10850	SW 88 St.	#1-402	Miami R. Miami R	33176
P	Beatriz Viera	<u>6320</u>	114 Ou	r.#1202	Miami, R	33178
		a winds			03-01	
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 ANATYDE DOR PROPERT NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylime Phone #						

pageruse

January 6, 2004

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

Re: Cool Air U.S.A. Corp. Doc. #P02000011465

To Whom it May Concern;

I am writting to inform you that I have not received my annual report for 2003. Enclosed is the amount of \$300.00 to reinstate my corporation and ask that you please waive the penalty fee. I thank you in advance for your consideration and time.

Sincerely,

V