2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000097569

Entity Name: COOL CONNECTIONS, INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

281 S. BRIDGE STREET 153 S. MAIN STREET

SUITE B LA BELLE, FL 33935 US LA BELLE, FL 33935

New Mailing Address: Current Mailing Address:

P.O. BOX 2315 P.O. BOX 2457

LABELLE, FL 33975 US LABELLE, FL 33975 US

FEI Number: 02-0641801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARROQUIN, KIMBERLY 281 S. BRIDGE ST. SUITE B

LABELLE, FL 33935 US

MARROQUIN, KIMBERLY 153 S. BRIDGE STREET LABELLE, FL 33935

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.

SIGNATURE: KIMBERLY MARROQUIN 10/06/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARROQUIN, KIMBERLY MARROQUIN, KIMBERLY Name: Name: 153 S. BRIDGE ST 281 S. BRIDGE STREET, SUITE B Address: Address: City-St-Zip: LA BELLE, FL 33935 City-St-Zip: LA BELLE, FL 33935

() Delete Title: VD Title: VD (X) Change () Addition

MARROQUIN, FRANK MARROQUIN, FRANK Name: Name: 281 S. BRIDGE STREET, SUITE B Address: 153 S. BRIDGE ST Address: City-St-Zip: LA BELLE, FL 33935 LA BELLE, FL 33935 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MARROQUIN **PRES** 10/06/2005