

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000072108

1. Entity Name
COLD TECHNOLOGY INC



05 JUN 10 PM 2:26

Principal Place of Business
**1193 MARSELLE DR
#4
MIAMI BEACH, FL 33141 US**

Mailing Address
**1193 MARSELLE DR
#4
MIAMI BEACH, FL 33141 US**

04-08-04 90050 030 #150.00



REINSTATEMENT 04-05

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
651192323

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CASTILLO, HECTOR
1193 MARSELLE DR
#4
MIAMI BEACH, FL 33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, HECTOR 1193 MARSELLE DR #4 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300056215183 06/15/05--01042--016 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300056215183 06/15/05--01042--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **3/31/05 /305/303 7231**

Signature and Typed or Printed Name of Signing Officer or Director

Date Daytime Phone #

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AM & ASSOCIATES P.A
1689 NE 123rd. St.
North Miami Fl 33181
Phone (305)893-2669-(305)891-3458
E-MAIL: Mabelromaniuk@bellsouth.net

MAY 24, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE FLORIDA 32314
Attn: Barbara Mitchell

REF: PO3000072108 -COLD TECHNOLOGY INC. YOUR LETTER 005A00035824

MY CLIENT DIDN'T RECEIVE BACK THE DOCUMENT FOR 2004 TO MAKE THE
CORRECTION FOR THIS REASON WE REQUEST A WAIVER FOR THE
REINSTAMENT FEES.

FOR THE CURRENT YEAR THE REPORT WAS SENDING ON MARCH 31,2005
WITH A CHECK OF 150.00 AND ANOTHER OF 8.75.-

WE ENCLOSED COPY OF THIS CHECKS FOR YOUR RECORDS.

WE APPRECIATE YOUR COOPERATION TO THIS MATTER.

THANK YOU



Mabel Romaniuk
Public Accountant