

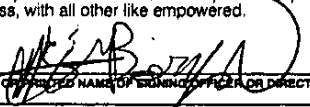


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000062433 1. Entity Name COOL PLUS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 28 PM 12:34 REINSTATEMENT <i>OS</i> 	
Principal Place of Business 14102 LANEWOOD PLACE TAMPA, FL 33625				Mailing Address 14102 LANEWOOD PLACE TAMPA, FL 33625			
2. Principal Place of Business		3. Mailing Address		10062005 REIN-P CR2E098 (6/04)		4. FEI Number 51-0503447	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent BORZUEI, DAVID MOHAMMAD 14102 LANEWOOD PLACE TAMPA, FL 33625			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	D BORZUEI, DAVID MOHAMMAD 14102 LANEWOOD PLACE TAMPA, FL 33625			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060990480 10/28/05--01020--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTOURI, SAEID 4102 CRAGMONT DR TAMPA, FL 33610			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		
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

10/25/05
Date

Daytime Phone #