

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000170630

1. Corporation Name

V-Kool, So. Fl., Inc.

600108846606
08/30/07--01045--001 **150.00

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1155 NW 159Th. Dr.

3. Mailing Office Address
1155 NW 159Th. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33169

Country
USA

Zip
33169

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/21/04

5. FEI Number 20-2782141

☒ 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
Aldo Pellicce

Street Address (P.O. Box Number is Not Acceptable)
2101 Brickell Ave.

Suite, Apt. #, Etc.
Apt. 401

City
Miami

State
FL

Zip Code
33129

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 08.07.07

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
P	Aldo Pellicce Ginebra	2101 Brickell Ave. Apt 401	Miami, Fl. 33129
VP	Nicole S. Thomas	2101 Brickell Ave. Apt 401	Miami, Fl. 33129
SEC	Juan C. Rodriguez	1155 NW 159Th. Dr.	Miami, Fl. 33169

200107680982
08/10/07--01039--002 **300.00

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 contained in Chapter 119, 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:

Aldo Pellicce Ginebra

08.07.07

Date

305 856 812

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR