

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL -7 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000011892**

1. Corporation Name

Cool Runnings A.C. Inc.

W09-29857

2. Principal Office Address - No P.O. Box #

2301 NW 41st Ave

Suite, Apt. #, etc.

406

City & State

LAuderhill FL

Zip

33313

Country

USA

3. Mailing Office Address

2301 NW 41st Ave

Suite, Apt. #, etc.

406

City & State

LAuderhill FL

Zip

33313

Country

USA

600157411886

06/18/09--01005--019 **450.00

REINSTATEMENT

07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-02-06

5. FEI Number

204163183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ 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.

7. Name and Address of Current Registered Agent

Name

Greg Daley

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

2301 NW 41st Ave

Suite, Apt. #, Etc.

406

City

LAuderhill

State

FL

Zip Code

33313

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

6/12/09

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	Greg Daley	2301 NW 41st Ave Apt 406 LAuderhill FL 33313	LAuderhill FL 33313

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15