

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 SEP 30 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # P97000058337

Koolco Property Investment, Inc.
407 Lincoln Road, Suite 2A
Miami Beach, Florida 33139

2. If Address in Block 1 is not correct, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

7/2/97

5. F.I.I. Number

65-0817894

F.I.I. Number Applied For

F.I.I. Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED []

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers and/or Director

Street Address of Each Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

P/D

Alexander Lozev

10185 Collins Avenue
No. 1003

Bal Harbour, Florida 33154

000002655610--0
-10/05/98--01080--010
****550.00 ****550.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Douglas D. Stratton, Esq.
407 Lincoln Road, Suite 2A
Miami Beach, Florida 33139

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State Zip

FL.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/28/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date

09-28-98

Daytime Phone # (305) 868-4298