

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA7000071486

1. Corporation Name

COOL FRUITS, INC.

2. Principal Office Address

11926 Fairway Lake Drive

3. Mailing Office Address

11926 Fairway Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33913

Country

US

Zip

33913

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

8/13/97

5. FEI Number

59-3464454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT PA700

7. Name and Address of Current Registered Agent

Name

Richard Worth

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

11926 Fairway Lake Drive

Suite, Apt. #, Etc.

City

Ft. Myers

State
FL

Zip Code
33913

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***900.00 ***900.00

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

8/31/00

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. & Secty.	Richard Worth	11926 Fairway Lake Drive	Ft. Myers, FL 33913

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 under section 119.07(9)(f), 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

8/31/00

Date

Daytime Phone #

KE

Received Time Aug.30. 4:36PM