

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038099

1. Corporation Name

A COOL CONTROL, INC.

Principal Place of Business

1650 W. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311

Mailing Address

1650 W. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1011 NW 51 STREET

Suite, Apt. #, etc.

2

City & State

FT. LAUDERDALE, FLORIDA

Zip

33309

Country

USA

3. New Mailing Office Address, If Applicable

1011 NW 51 STREET

Suite, Apt. #, etc.

2

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

5. FEI Number

65-0820374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCINTYRE, GERARD P	1650 W. OAKLAND PARK BLVD	FORT LAUDERDALE FL 33311
DP	MCINTYRE, GERARD P	1011 NW 51 STREET, #2	FT. LAUDERDALE, FL 33309

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8. Name and Address of Current Registered Agent

MCINTYRE, GERARD P
1650 W. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

1011 NW 51 STREET

Suite, Apt. #, Etc.

2

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/15/02

11. 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(3)(i), 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.

GERARD P. MCINTYRE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

Date

954-733-9999

Daytime Phone #



Licensed and Insured

A COOL CONTROL INC.

2012

November 15, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re.: Document # P98000038099

To: Whom it may concern,

This is to notify you that we had not received the two prior Annual Reports/Uniform Business Reports for the year 2002 at our new location. We did file a change of address form when we relocated. We learned of our inactive status from our insurance agent. We have recently received the Application for Reinstatement Form and have enclosed the necessary fees and completed form. We would greatly appreciate any assistance in resolving this matter.

Thanking you in advance,

Gerard P. Mc Intyre
President/Director