

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
K. J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043753

1. Corporation Name

COOL CABINS, INC.

Principal Place of Business

Mailing Address

8940 S. HOLLYBROOK BLVD.
SUITE 204
PEMBROKE PINES FL 33025

8940 S. HOLLYBROOK BLVD.
SUITE 204
PEMBROKE PINES FL 33025



If any address is incorrect in any way, line through incorrect information and enter correction below.

2. Former Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0835023

Not Applicable

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ZAVIK, CHER	8940 S. HOLLYBROOK BLVD.	PEMBROKE PINES FL 33025

300003061653-4
-12/03/99-01005-014
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAVIK, JEFFREY S
8940 S. HOLLYBROOK BLVD.
SUITE 204
PEMBROKE PINES FL 33025

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Cheryl A. Zavik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99

Date

954-431-
1721

Daytime Phone #

2

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

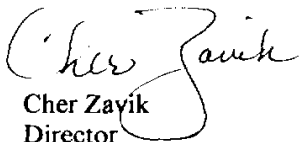
Oct. 27, 1999

Re: Cool Cabins, Inc.
Document # P98000043753

Division of Corporations,

Please accept this letter and check enclosed for \$150 to continue the corporation of Cool Cabins, Inc. The first and second renewal notices were never received. Please waive any penalty fees for our corporation.

Thanking you in advance,



Cher Zayik
Director
Cool Cabins, Inc.
8940 S. Hollybrook Blvd. # 204
Pembroke Pines, FL 33025

enclosure