

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 27 PH 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104868

1. Corporation Name

Cool Advantage, Inc.

2. Principal Office Address

4020 Thor Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33426

Country

USA

3. Mailing Office Address

4020 Thor Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33426

Country

USA

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

5. FEI Number

582435308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Brian Courtney  
Asst. V. Pres.

Date

3/27/03

REGISTERED AGENT MUST SIGN

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
Pres.	Michael J. Cavallero	One Dole Drive	Westlake Village, CA 91362
V.P.	C. Michael Carter	One Dole Drive	Westlake Village, CA 91362
Treas.	Beth Potillo	One Dole Drive	Westlake Village, CA 91362
Director	Michael J. Cavallero	One Dole Drive	Westlake Village, CA 91362
Director	Beth Potillo	One Dole Drive	Westlake Village, CA 91362

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(3)(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:

Beth Potillo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Potillo, Treasurer

3/26/2003

818/879-6733

Date

Daytime Phone #

CR2E081 (10/02)