

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 29 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022635

1. Corporation Name

Cool Running's Air Conditioning Inc.

~~WD 9000032262~~

2. Principal Office Address - No P.O. Box #

1825 NW 129 St

Suite, Apt. #, etc.

3. Mailing Office Address

1825 NW 129 St

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33167

Country

USA

Zip

33167

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03/99

5. FEI Number

650903459

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Colleen Willory

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

1825 NW 129 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33167

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Colleen Willory

REGISTERED AGENT MUST SIGN

Date 07-01-09

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
VP	Harrel Gordon	1825 NW 129 St.	Miami, FL. 33167

REINSTATEMENT 07-09

300158215522
07/07/09--01032--009 **450.00

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 contained in Chapter 119, 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:

Colleen Willory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-09

Date

786-663-8543

Daytime Phone #

7/31/09