

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026380

1. Corporation Name

COOL PLACES, INC.

Principal Place of Business

1881 WASHINGTON AVENUE-PH
MIAMI BEACH FL 33139

Mailing Address

1881 WASHINGTON AVENUE-PH
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1999

5. FEI Number

58-2310414

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
D/Pres	FREEMAN, GREGORY	1881 WASHINGTON AVE. PH 1881 WASHINGTON AVENUE PH	MIAMI BEACH FL 33139
D/Sec Treas	MOYA, ADRIANA	1881 WASHINGTON AVE. PH 1881 WASHINGTON AVENUE PH	MIAMI BEACH FL 33139

400003487824--5

12/05/00 01075 002

****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

MANN, EUGENE L ESQ.
12920 SW 81ST STREET
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

AD GREGORY FREEMAN

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

1881 WASHINGTON AVE, PH

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

X [Signature]
REGISTERED AGENT MUST SIGN

Date

X 9/16/00

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:

X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9/16/00
Date

305-829-5662
Daytime Phone #

2052

October 17, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations

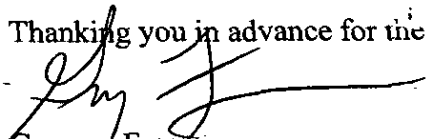
RE: P99000026380
COOL PLACES, INC.
2000 UNIFORM BUSINESS REPORT /WITH PAYMENT LOST IN THE MAIL
SENT 04/15/00

Dear sir:

As per our telephone conversation, I have attached herewith an application for reinstatement and a second check for the amount of \$150.00 with the explanation as follows as per your recommendations.

Please be advised that the first 2000 Business Report timely filed, sent on 04/15/00 and respective check were lost in the mail. The check is still outstanding until today without being cashed.

Thanking you in advance for the inconveniences,


Gregory Freeman
President