

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 2:32

REINSTATEMENT

DOCUMENT # P99000052827

1. Corporation Name

COOLCRAFT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008829253
11/06/02--01071--005 **150.00



Principal Place of Business

2581 NE 10TH CT
POMPANO BEACH FL 33062

Mailing Address

2581 NE 10TH CT
POMPANO BEACH FL 33062

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

06/10/1999

5. FEI Number

65-0927802

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
PD	AYERS, GLENN A	2581 NE 10TH CT	POMPANO BEACH FL 33062
SD	AYERS, TAMMY J	2581 NE 10TH CT	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

AYERS, GLENN A
2581 NE 10TH CT
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Glenn Ayers
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-02

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.

SIGNATURE:

Tammy Ayers
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-02

CR2E040 (8/02)

Coolcraft Inc.

2581 NE 10 COURT
POMPANO BEACH, FL 33062
USA

Phone 954-946-0070

Email info@showerbaby.com

Dear UBR:

We did not receive the 2 filling fee letters that were sent prior to this Dissolution notice. Please accept our check for \$150.00 for reinstatement of our Corporation Coolcraft, Inc.

Coolcraft is a new business and is struggling to stay in business. We are sorry we did not receive the information needed to avoid this dissolution action.

Thank You

Glenn Ayers
President / owner

