

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000110021**

1. Corporation Name

COOL BREEZE OF KEY WEST, INC.

FILED
 01 JAN 29 AM 10:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

52 GOLF CLUB DR.
 KEY WEST FL 33040

52 GOLF CLUB DR.
 KEY WEST FL 33040



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

REINSTATEMENT *ADD-01*

2. New Principal Office Address, If Applicable

5605 Third Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5605 Third Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1999

5. FEI Number

65-0975372

Applied For

Not Applicable

City & State
Key West Florida

Zip
33040

Country
USA

City & State
Key West Florida

Zip
33040

Country
USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DST	COLWELL, DAVE	52 GOLF CLUB DR.	KEY WEST FL 33040
VD	STEINRIEDE, GREGG	52 GOLF CLUB DR.	KEY WEST FL 33040
DP	GOLDBERG, JUDITH	52 GOLF CLUB DR.	KEY WEST FL 33040
			700003654347--1 -02/06/01--01082--028 ****750.00 ****750.00
			700003654347--1 -02/06/01--01082--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BROWNING, MICHAEL L ESQ
BROWNING, SIRECI, GULLER & KLITENICK, P.A.
402 APPLEROUTH LN.
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name *Judith Goldberg*
 Street Address (P.O. Box Number is Not Acceptable)
52 Golf Club Dr.
 Suite, Apt. #, Etc.
 City *Key West* State **FL** Zip Code *33040*

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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *1-24-01*

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Goldberg

Date

Daytime Phone #

KE

CR2E040 (8/00)