

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -5 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 08857**
1. Corporation Name
COOL POOL INC

2. Principal Office Address 12800 YARDLEY DR		3. Mailing Office Address 12800 YARDLEY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. N/A	
City & State BOCA RATON FLA		City & State BOCA RATON FLA	
Zip 33428	Country USA	Zip 33428	Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/25/1990	
5. FEI Number 650223572	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name WILLIAM WHALEN		
Street Address (P.O. Box Number is Not Acceptable) 12800 YARDLEY DRIVE		
Suite, Apt. #, Etc.		
City BOCA RATON	State FL	Zip Code 33428

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 William Whalen Date 9/20/05
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	WILLIAM WHALEN	12800 YARDLEY DR	BOCA RATON FLA 33428

REINSTATEMENT 03-05 **500060228475**
10/05/05--01003--001 **458.75

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)(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: William Whalen William WHALEN 9/20/05 954966-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO

WHOM IT MAY CONCERN

9/14/2005

I SPOKE TO UELA TODAY AT
YOUR OFFICE REGARDING
REINSTATEMENT. FROM 1990 TO 2002
I FILED MY ANNUAL REPORT IN A
TIMELY FASHION. I MOVED IN SEPT OF
2003 AND MY FORMS FOR 2003 +
2004 WERE RETURNED TO YOUR OFFICE
I NEGLECTED TO ADVISE YOU OF
CHANGE OF ADDRESS. UELA SAID IF
I PAID \$150 FOR 2003-2004-2005 I
WOULD BE REINSTATED ENCLOSED
PLEASE FIND CHECK FOR ^{\$}150 AND SIGNED
REINSTATEMENT FORM. THANK YOU
FOR ANY CONSIDERATION

W W Helen
owner/PRES

P.S I AM ADDING \$8.75 TO
\$450.00 CHECK FOR
CERTIFICATE OF
STATUS