

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -4 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S56623**

1. Corporation Name

OLD SOUTH COOLERS, INC.

2. Principal Office Address

3103-A SAN RAFAEL

Suite, Apt. #, etc.

3. Mailing Office Address

280 LEAF COURT

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

ALPHARETTA, GEORGIA

Zip

33629

Country

USA

Zip

30005

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/1991

5. FEI Number

59-3069070

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

WILLIAM E. TURNER

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

3103-A SAN RAFAEL

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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 E. Turner

Date **4-19-2001**

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
D/P	WILLIAM E. TURNER	3103-A SAN RAFAEL	TAMPA, FL 33629
D/T/S	THOMAS M. WHITTAKER	204 ELMCREST DR.	HOLLY SPRINGS, NC 27540

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., 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William E. Turner
WILLIAM E. TURNER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-2001

Daytime Phone #

770-313-5458

CR2E081 (9/00)