A9600000381

LIMITED PARTNERSHIP

FILED
00 DEC 13 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9600000381

1. Name of Limited Partnership

CORAL SPRINGS ICE, LTD

9/24/00

2. Mailing Address	3. Principal Office Address
14 DUNCAN STREET	14 DUNCAN STREET
Suite, Apt. #, etc. 3rd FLOOR	Suite, Apt. #, etc. 3rd FLOOR
City & State TORONTO, ONTARIO	City & State TORONTO, ONTARIO
Zip M5H3G8 — Country CANADA	Zip M5H3G8 — Country CANADA

4. Date Formed or Registered To Do Business in Florida: 02/26/96

5. FEI Number: 593349151 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — **$8.75 Additional Fee required for a Certificate of Status**

7. State or Country of Formation: FLORIDA

8a. Capital Contributions as Shown on Record: 100.00

8b. Amount of Capital Contributions in FLORIDA to date:

FEES:
1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL. 32301

10. If changed, new registered agent/office

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, etc.
City: TALLAHASSEE — FL — Zip Code 32301

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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) BRIAN COURTNEY, ASST. V.P. DATE 12/13/2000

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
ICELAND HOLDINGS, INC.	14 DUNCAN STREET 3rd FLOOR	TORONTO, ONTARIO CANADA M5H3G8	F97000000999

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REINSTATEMENT 2000 BK 12/13

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE X ______ DATE Dec 12/00

Typed or Printed Name of General Partner Signing Form: Iceland Holdings, Inc. — Telephone Number (416) 591 8999

CR2E039 (12/98)

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 929819 7233762

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $ 650.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 13, 2000

ORDER TIME : 10:03 AM

ORDER NO. : 929819-005

CUSTOMER NO: 7233762

CUSTOMER: Mr. John W. Crowther
Coral Springs Ice, Ltd.
14 Duncan Street, 3rd Floor

Toronto, CN M5H3G8

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DEPARTMENT OF STATE
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NOT RESPONSIBLE FOR
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SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: CORAL SPRINGS ICE, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS BR

12/13