

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Blair

CORPORATION REINSTATEMENT
 2000-01-15-2001
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 01 MAY -3 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **#74573**
 1. Corporation Name
ICE RECREATION INC
dba SUN BLADES

2. Principal Office Address 13940 ICOT BLVD		3. Mailing Office Address SAME AS 2.	
Suite, Apt. #, etc. ✓		Suite, Apt. #, etc. ✓	
City & State CLEARWATER FL		City & State ✓	
Zip 33760	Country USA	Zip ✓	Country ✓

4. Date Incorporated or Qualified To Do Business in Florida 1986	Applied For
5. FEI Number 59-2667775	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name RICHARD WASILEWSKI	500004192115-1
Street Address (P.O. Box Number is Not Acceptable) 1520 CHATEAUWOOD DR	-05/09/01--01140--003
Suite, Apt. # Etc. 15	****300.00 ****300.00
City CLEARWATER FL	State Zip Code FL 33760

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: *[Signature]* Date: **4/22/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

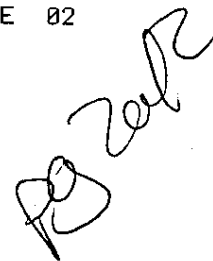
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Tr	RICHARD WASILEWSKI	13940 ICOT BLVD	CLEARWATER, FL 33760
V.P/SEC	CAROL WASILEWSKI	13940 ICOT BLVD	CLEARWATER, FL 33760
V.P	JEFFREY WASILEWSKI	13940 ICOT BLVD	CLEARWATER, FL 33760
V.P	NICOLE MC CARTHY	13940 ICOT BLVD	CLEARWATER, FL 33760
			<i>[Signature]</i>

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: *[Signature]* **RICHARD WASILEWSKI** P/T 4/22/01 727 536-5843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)



May 3, 2001

Florida Department of State
Corp. Reinstatement Dept.
Michelle Milligan – Doc. Specialist
409 E Main St.
Tallahassee, FL 32314

Reference: Ice Recreation Inc.
H74573
Letter No: 401A0022358

Dear Michelle Milligan:

Thank you for taking my call and assisting me in the referenced matter. I am enclosing the following:

1. Corporation Reinstatement Form – Completed
2. Check for \$300.00 (\$150.00 for 2000 and \$150.00 for 2001)
3. We have been in business since 1986 and have followed the rules in a timely manner. We are a small family run business. In the year 2000, my daughter, Nicole McCarthy, who handles most of my paperwork was on a maternity leave of absence. She encountered some minor problems and was gone longer than expected.
4. To the best of my knowledge, I do not recall receiving the renewal forms that she would have processed.
5. For the reasons stated in items 3 & 4 above, I request that the reinstatement fee be waived for our small business.

I want to again thank you for sending me the information in a timely manner and look forward to a favorable consideration for our company.

Sincerely,

Richard Wasilewski

