

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
03 AUG 20 PM 1:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Ref# J48359

1. Corporation Name

Letter 203A00034503

ADMIRAL ICE, INC.
P.O. BOX 818
LYNN HAVEN, FL 32444

REINSTATEMENT 0203

2. Principal Office Address

7614 MCKENIE RD
Southport, FL 32409

3. Mailing Office Address

LYNN HAVEN, FL 32444
P.O. BOX 818,

100022282851
08/13/03--01021--002 **\$900.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

1986

City & State

SOUTHPORT, FL

City & State

LYNN HAVEN, FL

5. FEI Number

59-2750838

Applied For
Not Applicable

Zip

32409 - bay

Zip

32444 - bay

6. CERTIFICATE OF STATUS DESIRED **Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MARKA. BROOKS

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

4114 KIRKPATRICK RD.

Suite, Apt. #, Etc.

City

SOUTHPORT

State

FL

Zip Code

32409

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

Mark A Brooks

REGISTERED AGENT MUST SIGN

Date August 11, 2003

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
		<u>* Admiral Ice is not a</u>	
<u>Pres</u>	<u>mark A Brooks</u>	<u>4114 Kirkpatrick Rd Southport, FL 32409</u>	<u>FL 32409</u>
		<u>non-profit Corporation</u>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A Brooks

Date

August 11, '03

Daytime Phone #

850 8329686

CR2E081 (10/02)