

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000077938

FILED
May 20, 2005
Secretary of State

Entity Name: TAMPA ICE INC.

Current Principal Place of Business:

6733 SWAIN AVE.
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

6733 SWAIN AVE.
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 56-2381486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPOLARICH, JAMES
6733 SWAIN AVE.
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES P. SPOLARICH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SPOLARICH, JAMES
Address: 6733 SWAIN AVE.
City-St-Zip: TAMPA, FL 33625 US

Title: TREA () Delete
Name: HAWKINS, WILLIAM
Address: 6733 SWAIN AVE.
City-St-Zip: TAMPA, FL 33625 US

Title: SECR () Delete
Name: SPOLARICH, APRIL
Address: 6733 SWAIN AVE.
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPOLARICH, JAMES P
Address: 6733 SWAIN AVE.
City-St-Zip: TAMPA, FL 33625 US

Title: TREA (X) Change () Addition
Name: LOPEZ, ANTHONY G
Address: 9281 SW 32ND TER
City-St-Zip: OCALA, FL 34476 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P SPOLARICH

Electronic Signature of Signing Officer or Director

PRES

05/20/2005

Date