

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 AUG 02 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

538110

1. Corporation Name

Ice Cold Auto Air of
Daytona, Incorporated

2. Principal Office Address

850 Ridgewood Avenue

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

32117

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/28/1977

5. FEI Number

59-1739936

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

Kevin M. Masters

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

850 Ridgewood Avenue

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

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**

REGISTERED AGENT MUST SIGN

Date

7-13-01

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
P	Kevin M. Masters	850 Ridgewood Avenue	Holly Hill, FL 32117
			300004547853--1 -08/21/01--01083--006 *****300.00 *****300.00

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

7-13-01

Date

(386)258-5524

Daytime Phone #

CR2E081 (9/00)