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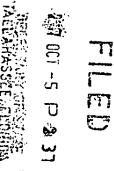
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Harvest Ice Inc. (Name of Corporation)
DOCUMENT NUMBER: FLOODODD2510
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Fair
(Name of Person)
Mike Fair (Name of Person) Harvest Ice, Inc. (Firm/Company)
(Firm/Company)
Venice, F2 34292 (City/State and Zip code)
Venice, F2 34292
(City/State and Zip code)
For further information concerning this matter, please call:
Miva Fair au 941) 716-3574
Mix e Fair at (941) 716-3574 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) \$52.50 Filing Fee. Copy (Additional copy is enclosed)
CORNERS ADDRESS

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Harrest Ide Inc (Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
Mailing Address)
Venice, F2 34292 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change that mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing) (Tiped of person signing) (Tiped of person signing)

FILING FEE \$35