PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 6:34

DOCUMENT # **F93874**

1. Corporation Name

ALPINE ICE, INC.

Principal Place of Business	Mailing Address
~~4226 N RENELLIE DR~~ P O BOX 270586 TAMPA FL 33688	~~4226 N RENELLIE DR~~ P O BOX 270586 TAMPA FL 33688

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8710 E Broadway	PO Box 270586
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33619 Country: USA	Zip: 33688 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/1982

5. FEI Number: 59-2275627 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TAWNEY, JOHN J	~~16200 ROWLAND DR~~ 2817 Old Bayshore Way	~~ODESSA FL 33556~~ Tampa FL 33611
VP	Tawney, Jane E	2817 Old Bayshore Way	Tampa FL 33611
			500004679075--9 -11/14/01--01077--006
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

TAWNEY, JOHN J
~~4226 N RENELLIE~~ DR
~~TAMPA FL 33614~~

9. Name and Address of New Registered Agent

Name: John J Tawney
Street Address (P.O. Box Number is Not Acceptable): 2817 Old Bayshore Way
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33611

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AD

Signature of Registered Agent: SIGNATURE REQUIRED Jane Tawney Date: 10-16-01
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED John J Tawney (Pres.) John J Tawney 10-16-01 813 630-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098557 AT