

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G32494**

1. Corporation Name

FREEZETONE PRODUCTS, INC.

Principal Place of Business

Mailing Address

2795 NW 105 AVE
MIAMI FL 33172

2795 NW 105 AVE
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/11/1983

5. FEI Number

59-2333882

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
PVS	LATOUR, LUIS M.	10136 NW 80TH AVE	HIALEAH GARDENS FL
TSD	LATOUR, LUIS M.	10136 NW 80TH AVE	HIALEAH GARDENS FL

300023862713
10/16/03--01084--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATOUR, LUIS M.
4336 SW 148 AVE CT.
MIAMI FL 33185

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

OCT. 13 2003

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)(l), 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

LUIS M. LATOUR

OCT. 13

305-640-0414

Date

Daytime Phone #

CR2E040 (7/03)



October 6, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

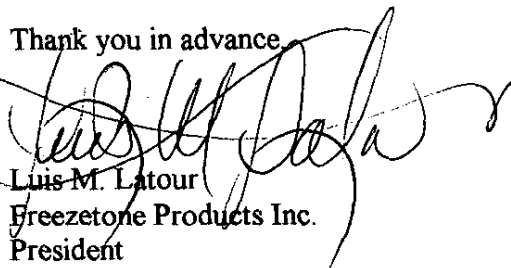
To whom it may concern:

I Luis M. Latour President of Freezetone Products Inc, 2795 NW. 105 Ave.
Miami, Florida. Did not receive any prior UBD notice.

I have signed and completed my reinstatement form and send the \$150.00
fee.

FEI# 59-2333862

Thank you in advance.



Luis M. Latour
Freezetone Products Inc.
President

