

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -4 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677645

1. Corporation Name

Ice Enterprises of Mid-Florida, Inc.

Principal Place of Business

700 West 13th St.
Sanford, FL 32771

Mailing Address

700 West 13th St.
Sanford, FL 32771

REINSTATEMENT

ad
92-97

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-9006096

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PTS	John McFarland	700 West 13th St.	Sanford, FL 32771

400002136064-5
-04/08/97--01040--008
***1575.00 ***1575.00

8. Name and Address of Current Registered Agent

Gregory J. Humphries
201 East Pine Street
Suite 701
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name
John McFarland
Street Address (P.O. Box Number is Not Acceptable)
700 West 13th Street
Suite, Apt. #, Etc.
City
Sanford
State
FL
Zip Code
32771

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.

Signature of
Registered Agent

John McFarland

REGISTERED AGENT MUST SIGN Registered Agent

Date 3/4/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

John McFarland, President

3/4/97

Date

(407) 322-2553

Daytime Phone #

CR2E040 (12/96)