

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Blair*

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -3 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *#74573*

**1. Corporation Name**

*ICE RECREATION INC  
dba SUN BLADES*

**2. Principal Office Address**

*13940 ICOT BLVD*

Suite, Apt. #, etc.  
*✓*

City & State

*CLEARWATER FL*

Zip

*33760*

Country

*USA*

**3. Mailing Office Address**

*SAME AS 2.*

Suite, Apt. #, etc.  
*✓*

City & State

*✓*

Zip

*✓*

Country

*✓*

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

*1986*

**5. FEI Number**

*59-2667775*

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

*RICHARD WASILEWSKI*

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

*1520 CHATEAUWOOD DR*

Suite, Apt. # Etc.  
*✓*

City

*CLEARWATER FL*

State

*FL*

Zip Code

*33760*

*500004192115-1*  
*-05/09/01--01140--003*  
*\*\*\*\*388.00 \*\*\*\*388.00*

**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

*[Signature]*

Date

*4/22/01*

REGISTERED AGENT MUST SIGN

**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
<i>PRES/TC</i>	<i>RICHARD WASILEWSKI</i>	<i>13940 ICOT BLVD</i>	<i>CLEARWATER, FL 33760</i>
<i>V.P/SEC</i>	<i>CAROL WASILEWSKI</i>	<i>13940 ICOT BLVD</i>	<i>CLEARWATER, FL 33760</i>
<i>V.P</i>	<i>JEFFREY WASILEWSKI</i>	<i>13940 ICOT BLVD</i>	<i>CLEARWATER, FL 33760</i>
<i>V.P</i>	<i>NICOLE MCCARTHY</i>	<i>13940 ICOT BLVD</i>	<i>CLEARWATER, FL 33760</i>
			<i>[Signature]</i>

**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]*

*RICHARD WASILEWSKI*

Date

*P/T 4/22/01*

Daytime Phone #

*727  
536-5843*

CR2E081 (9/00)

*Handwritten signature/initials*

May 3, 2001

Florida Department of State  
Corp. Reinstatement Dept.  
Michelle Milligan – Doc. Specialist  
409 E Main St.  
Tallahassee, FL 32314

Reference: Ice Recreation Inc.  
H74573  
Letter No: 401A0022358

Dear Michelle Milligan:

Thank you for taking my call and assisting me in the referenced matter. I am enclosing the following:

1. Corporation Reinstatement Form – Completed
2. Check for \$300.00 (\$150.00 for 2000 and \$150.00 for 2001)
3. We have been in business since 1986 and have followed the rules in a timely manner. We are a small family run business. In the year 2000, my daughter, Nicole McCarthy, who handles most of my paperwork was on a maternity leave of absence. She encountered some minor problems and was gone longer than expected.
4. To the best of my knowledge, I do not recall receiving the renewal forms that she would have processed.
5. For the reasons stated in items 3 & 4 above, I request that the reinstatement fee be waived for our small business.

I want to again thank you for sending me the information in a timely manner and look forward to a favorable consideration for our company.

Sincerely,

Richard Wasilewski

*Handwritten signature of Richard Wasilewski*