

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

03 FEB 25 AM 9:03

DOCUMENT # **J04074**

1. Corporation Name

THE ICE CREAM STATION, INC.

Principal Place of Business

631 HWY 17 S
SAN MATEO FL 32187
US

Mailing Address

631 HWY 17 S
SAN MATEO FL 32187
US

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

2. New Principal Office Address, If Applicable
308 Cove Dr.

Suite, Apt. #, etc.

City & State
Satsuma, FL

Zip
32189

Country
USA

3. New Mailing Office Address, If Applicable
308 Cove Dr.

Suite, Apt. #, etc.

City & State
Satsuma, FL

Zip
32189

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1986

5. FEI Number

59-2673836

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NICHOLSON, CAROLYN H.	308 COVE DR	SATSUMA FL 32189
D	NICHOLSON, JAMES D.	308 COVE DR	SATSUMA FL 32189
ST	JONES, SANDRA	HWY 17	SATSUMA FL

REINSTATEMENT 01-03

8. Name and Address of Current Registered Agent

**JONES, SANDRA M
HWY 17
SATSUMA FL 32189**

9. Name and Address of New Registered Agent

Name

Carolyn Nicholson

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

308 Cove Dr.

Suite, Apt. #, Etc.

City

Satsuma

State

FL

Zip Code

32189

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

Carolyn H. Nicholson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/7/03

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:

Carolyn H. Nicholson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/03

Daytime Phone #

CR2E040 (8/01)