

10-1-04
250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 4:40

DOCUMENT #

L03000032073

1. Limited Liability Company's Name

ICE HOLDINGS, LLC

CR2E041 (8/05)

2. Principal Office Address

200 S Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2730

City & State

Miami, FL

Zip

33131

Country

U.S.

3. Mailing Office Address

200 S Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2730

City & State

Miami, FL

Zip

33131

Country

U.S.

4. State/Country of Formation

United States

5. Date Organized or Qualified
To Do Business in Florida

8/6/03

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dade County Corporate Agents, Inc.

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

1891 NE 29th Ave

Suite, Apt. #, Etc.

Ste 100

City

Aventura

State

FL

Zip Code

33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ray A. Kunkle, V.P.
REGISTERED AGENT MUST SIGN

Date 10/5/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Jorge Arevalo	200 South Biscayne Bld. Ste 2730	Miami, FL
MEM	Takis Mitropoulos	200 South Biscayne Bld. Ste 2730	Miami, FL

100080586521

11/07/06--01056--028 **100.00

REINSTATEMENT 2004-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Jorge Arevalo

Date 9/18/06

Daytime Phone # 355795100

Typed or printed name of signing Managing Member/Manager

Jorge Arevalo