

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 SEP 29 AM 10:55

DOCUMENT # L04000026949

1. Limited Liability Company's Name

SMITHCO ICE, LLC

400080308154
09/29/06--01054--009 **200.00

CR2E041 (8/05)

2. Principal Office Address

253 BERMUDA BEACH DR.

Suite, Apt. #, etc.

City & State

FORT PIERCE FLA.

Zip

34949

Country

ST LUCIE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLA. / PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

04/02/2004

6. FEI Number

3411998389

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

KEN COOK

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

253 BERMUDA BEACH DR.

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34949

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

[Signature]

Date 9-22-06

REGISTERED AGENT MUST SIGN

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
<u>MEM</u>	<u>KENNETH E. COOK</u>	<u>253 BERMUDA BEACH DR.</u>	<u>FORT PIERCE FL. 34949</u>

REINSTATEMENT 2005-2006

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

[Signature]

Date 9-22-06

Daytime Phone # 361-202-7295

Typed or printed name of signing Managing Member/Manager