


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED
 03 OCT 31 AM 11:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000006352

1. Corporation Name

WESTON ICE, INC.

2. Principal Office Address 16220 INDIAN TRACE RD Suite, Apt. #, etc.		3. Mailing Office Address 16220 INDIAN TRACE RD Suite, Apt. #, etc.	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33326	Country USA	Zip 33326	Country USA

REINSTATEMENT

83

4. Date Incorporated or Qualified To Do Business in Florida 01/18/2000	
5. FEI Number 52-2211635	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name WILLIAM MASARO	000024344540
Street Address (P.O. Box Number is Not Acceptable) 282 INDIAN TRACE ROAD	
Suite, Apt. #, Etc.	
City WESTON	State FL
	Zip Code 33326

10/31/03 01109 028 **750.00

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

REGISTERED AGENT MUST SIGN

Date

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
D	WILLIAM MASARO	282 INDIAN TRACE ROAD	WESTON, FL, 33326
D	ANGELA MASARO	282 INDIAN TRACE ROAD	WESTON, FL, 33326
D	ROBERT CABLE	282 INDIAN TRACE ROAD	WESTON, FL, 33326

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/03 (954) 217-2150

CR2E001 (10/02)