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

02 JAN 22 PM 4:00

DOCUMENT # P00000018105

1. Corporation Name

NORTHWEST ICE-CREME, INC.

Principal Place of Business
~~8290 N.W. 166TH TERRACE~~
~~MIAMI FL 33016~~

Mailing Address
~~8290 N.W. 166TH TERRACE~~
~~MIAMI FL 33016~~

REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable
16157 NW 78 Place
Suite, Apt. #, etc.
City & State: Miami Lakes, FL
Zip: 33016 Country: USA

3. New Mailing Office Address, If Applicable
16157 NW 78 Place
Suite, Apt. #, etc.
City & State: Miami Lakes, FL
Zip: 33016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/2000

5. FEI Number: 65-0996019 — 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
PTD	DIAZ, CARMEN	~~8290 N.W. 166TH TERRACE~~ 16157 NW 78 Place	~~MIAMI FL 33016~~ Miami Lakes, FL 33016
SVD	DIAZ, PEDRO A JR	~~8290 N.W. 166TH TERRACE~~ 16157 NW 78 Place	~~MIAMI FL 33016~~ Miami Lakes, FL 33016
			100004880241--6 -02/05/02--01044--004 ****900.00 ****900.00

8. Name and Address of Current Registered Agent
DIAZ, CARMEN
~~8290 N.W. 166TH TERRACE~~ 16157 NW 78 Place
~~MIAMI FL 33016~~ Miami Lakes, FL 33016

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/01)

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 X Carmen Díaz
REGISTERED AGENT MUST SIGN

Date X 1-18-02

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)(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: X Carmen Díaz CARMEN DIAZ - Pres. X (305) 556-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #