

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 29 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054973

1. Corporation Name

ALL SEASON ICE CREAM, INC.

2. Principal Office Address

1412 NW 25 ST.

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip  
33142

Country

3. Mailing Office Address

3715 NW 7TH ST.

Suite, Apt. #, etc.

STE 567

City & State  
MIAMI, FL

Zip  
33126

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 06/06/2000

5. FEI Number  
65-1090146

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-07

**7. Name and Address of Current Registered Agent**

Name

YOSVANY ACOSTA

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

3715 NW 7TH ST.

Suite, Apt. #, Etc.

STE 567

City

MIAMI

State  
FL

Zip Code  
33126

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
P/D	YOSVANY ACOSTA	3715 NW 7TH ST. STE 567	MIAMI, FL 33126

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 contained in Chapter 119, 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

01-26-07

Date

Daytime Phone #



ALL SEASON ICE CREAM, INC.

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,

YOSVANY ACOSTA  
PRESIDENT