

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056695

1. Corporation Name

2 Hot 4 Ice, Inc.

500074535125
05/14/06--01001--014 ***450.00

CR2E081 (12/05)

2. Principal Office Address

P. O. Box 481768

3. Mailing Office Address

P. O. Box 481768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28269

Country

Zip

28269

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

65-1010033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terri Sutton

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

419 S. E. 13th Ave.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Terri Sutton

REGISTERED AGENT MUST SIGN

Date

4-5-06

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/S/D	Clay J. Ladouceur	4212 Poplar Grove Dr.	Charlotte, NC 28269

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

Clay J. Ladouceur

Date

704-599-1232

Daytime Phone #

2/2

2 HOT 4 ICE, INC.
P. O. BOX 481768
CHARLOTTE, NC 28269

January 20, 2006

- Florida Department of State
Division of Corporations
- P. O. Box 6327
Tallahassee, FL 32314

RE: 2 Hot 4 Ice, Inc.
FL Doc. #: P00000056695
EIN #: 65-1010033

Dear Sir/Madam:

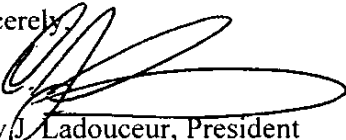
We are writing to request a waiver of the reinstatement fee for the above referenced corporation. We moved out of the state in 2003, but have always intended to maintain our Florida corporation status. We have filed in North Carolina as a foreign corporation. Our original Registered Agent also moved in 2004, but within the city of Naples.

We never received our UBR in 2004, and it was not forwarded to us by our previous registered agent, who no longer lives in Florida, either, as of last year. We do not know if this was due to an error made by the postal service, or what, but we did not receive the report to file.

It is for this reason that we respectfully request that the reinstatement fee be waived. Per the notice in the Reinstatement application, we are enclosing this letter, along with the Annual Report and Supplemental and Certificate of Status fees totaling \$ 308.75 for 2004 and 2005. We will file our 2006 report, as required, by April 30, 2006.

We hope this letter explains our request, and we greatly appreciate your consideration in this matter.

Sincerely,



Clay J. Ladouceur, President

P. S. Please note the change of Registered Agent and all addresses pertaining to this corporation as indicated on the enclosed reinstatement.