


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

03 APR 22 AM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000002556

1. Corporation Name **ICED OUT EXECUTIVE, INC.**

2. Principal Office Address 14975 NW 22nd Avenue		3. Mailing Office Address 14975 NW 22nd Avenue	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Opa-Locka, Florida		City & State Opa-Locka, Florida	
Zip 33054	Country USA	Zip 33054	Country USA

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04/22/03--01072--034 **900.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida **01/09/01**

5. FEI Number **-65-1083019-** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent


Name **VINCENT P. DUNN**

Street (P.O. Box Number is Not Acceptable)
18350 NW 2nd Avenue

Suite, Apt. #, Etc. **500**

City **Miami Gardens** State **FL** Zip **33169**

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.

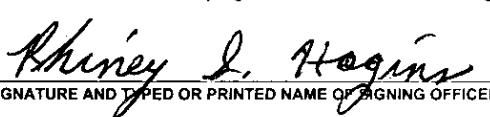
Signature of Registered Agent  Date **3/20/03**

REGISTERED AGENT MUST SIGN

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	RHINEY S. HAGINS	14975 NW 22nd Avenue	opa-Locka, FL 33054

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:  Date **4/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)