

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

700016682127
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 \$8.75 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 *V. P. Dunn*
REGISTERED AGENT MUST SIGN

Date 3/20/03

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: *Rhiney S. Hagins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/03
Daytime Phone #

CR2E081 (10/02)