

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000011937*

1. Corporation Name

Destin Ice Markets Inc.

2. Principal Office Address

319 Mountain Drive

Suite, Apt. #, etc.

City & State

Destin Florida

Zip

32541

Country

U.S.A.

3. Mailing Office Address

PO BOX 9

Suite, Apt. #, etc.

City & State

Destin Florida

Zip

32540

Country

U.S.A.

REINSTATEMENT *0304*

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/01

5. FEI Number

593695200

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

James L. Richardson

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

319 Mountain Drive

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code

32541

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

James L. Richardson

REGISTERED AGENT MUST SIGN

Date

01/24/04

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
<i>P/c</i>	<i>James L. Richardson</i>	<i>624 Highway 98</i>	<i>Destin FL 32541</i>
<i>T/D</i>	<i>Leah T. Richardson</i>	<i>624 Highway 98</i>	<i>Destin FL 32541</i>
<i>S</i>	<i>Marian Ingram</i>	<i>319 Mountain Drive</i>	<i>Destin FL 32541</i>

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:

James L. Richardson

James L. Richardson 01/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-837-3977

CR2E081 (10/02)