

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000045023

1. Corporation Name

ICEE INC.

2. Principal Office Address

18709 S.W. 344 Terrace

Suite, Apt. #, etc.

Lot 19

City & State

Florida City, Fl.

Zip

33034

Country

USA

3. Mailing Office Address

18709 S.W. 344 Terracr

Suite, Apt. #, etc.

Lot 19

City & State

Florida City, Fl'

Zip

33034

Country

USA

REINSTATEMENT

02-03

900014411399

03/20/03--01047--026 **900.00

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

5-4-2001

5. FEI Number

65-1116483

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

EDUARDO SANCHEZ

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

18709 S.W. 344 Terrace

Suite, Apt. #, Etc.

Lot 19

City

FLORIDA CITY,

State

FL

Zip Code

33034

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

Eduardo Sanchez
REGISTERED AGENT MUST SIGN

Date 3-5-2003

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
PD	EDUARDO SANCHEZ	18709 S.W. 344 Terr.#19	Florida City, Fl. 33034
VD	IVONNE SANCHEZ	18709 S.W. 344 Terr.#19	Florida City, Fl. 33034

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:

Eduardo Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO

SANCHEZ

Date 3-5-2003

Daytime Phone #

(305)

926-3550

3/21