

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 29 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061496

1. Corporation Name

ICE Marine, Inc
5606 Lake Osborne Dr
Lake Worth, FL 33461

900073723049

05/02/06--01046--012 **150.00

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06 WCP

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

6/20/01

5. FEIN Number

65-1122047

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

MARK PETTINGTON

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

5606 Lake Osborne Dr

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33461

900073723049

05/02/06--01046--013 **150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/21/06

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	mark Pettington	5606 Lake Osborne Dr	Lake Worth, FL 33461

900073723049

05/02/06--01046--014 **150.00

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

Date

3/21/06

Daytime Phone #

282

James J. Donovan, C. P.A., P.A.
3046 S. Congress Avenue
Lake Worth, FL 33461
Phone (561) 641-9550 Fax (561) 641-4781

March 21, 2006

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Ice Marine, Inc
P01000061496

Dear Sir or Madame,


Please be advised of the following facts and circumstances regarding the above corporation.

1. The taxpayer did not receive the annual business report, and had no knowledge that the annual report was required.
2. Therefore we believe cause exists for you waiving the assessed penalty and making the client active again.
3. We have enclosed three checks in the amount of \$150.00 each to make the taxpayer active.
4. If you have any questions, please feel free to contact our office.

Thank you for your cooperation.

Sincerely,


James J. Donovan, C.P.A.


Mark Pittington
President
Ice Marine, Inc

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.