

To:
Subject: RA3110.97071


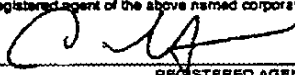

From: Ricky Soto

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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08 DEC 19 AM 8:01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000063912			
1. Corporation Name ICEROCK WEST, INC.			
2. Principal Office Address - No P.O. Box # 6899 Phillips Industrial Blvd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32256	Country USA	Zip	Country
7. Name and Address of Current Registered Agent Name Carl R. Spadaro Street Address (P.O. Box Number is Not Acceptable) 11860 Mandarin Road Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida November 8, 1993 5. FEI Number 59-3735323 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status.	
City Jacksonville		State FL	Zip Code 32223
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 12/12/2008 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Carl R. Spadaro	11860 Mandarin Road	Jacksonville, Florida 32223
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:  Carl R. Spadaro 12/12/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

REINSTATEMENT 07-08
CR2E081 (10/08)

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12/19 am

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Division of Corporations

<https://efile.sumbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

RA3110.97071.1

CORPORATION REINSTATEMENT

ICEROCK WEST INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

\$308.75

\$1000 Reinstatement Fee waived

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Corporate Filing Menu

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