

To: Subject RA3110.97071

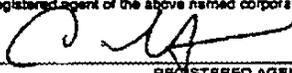
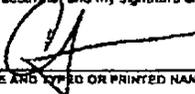
From: Ricky Soto

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS H08000276926 3

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.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, Florida			City & State		
Zip 32256	Country USA	Zip	Country		
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"/> \$9.75 Additional Fee required for a Certificate of Status.					
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.					
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)					
Titles	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: 				Date 12/12/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

REINSTATEMENT 07-08
CR2E081 (10/08)

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Division of Corporations

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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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