

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121878

1. Corporation Name

ICED-OUT VIDEO PRODUCTIONS

2. Principal Office Address

1031 NORTH MIAMI BEACH BOULEVARD
Suite, Apt. #, etc.

3. Mailing Office Address

1031 NORTH MIAMI BEACH BOULEVARD
Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

Zip

Country

33162 U.S.

City & State

NORTH MIAMI BEACH FL

Zip

Country

33162 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

5. FEI Number

02-0534407

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MICHAEL D. IMBER

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

1031 NORTH MIAMI BEACH BOULEVARD

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

400040579864
08/27/04--01035--002 **300.00

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 X

Michael Imber

REGISTERED AGENT MUST SIGN

Date X 8/24/04

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
D	MICHAEL D. IMBER	1031 NORTH MIAMI BEACH BOULEVARD	NORTH MIAMI BEACH, FL 33162

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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 8/24/04

(305) 949-8361
Daytime Phone #

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard
North Miami Beach, Florida 33162

Phone: (305) 949-8361
(800) 829-3279

Fax: (305) 956-5131

Email: imber@imberandcompany.com

August 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Iced-Out Video Productions, Inc.
Employer ID # 02-0534407

Dear Sir or Madam:

We are enclosing a Reinstatement Form for this corporation along with a check for \$300. We are requesting that you accept the \$300 to cover corporate registration for 2003 and 2004 and not the reinstatement fee for the following reason: Taxpayer's previous address was 13615 S. Dixie Highway, #114-373, Miami, Florida 33176. The new address is 1031 North Miami Beach Boulevard, North Miami Beach, Florida 33162. The Company moved in the latter part of 2002 and the mail was not forwarded to the new address. As this is the first time this has happened, we would appreciate your acceptance of this payment of \$300.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber
Certified Public Accountant

BAI:rcf
Enclosures