2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000122286

1. Entity Name
FROZEN EXPLOSION, INC.

FILED
2007 APR 16 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
202 EAST HIGHWAY 98 DESTIN, FL 32541	1231 QUAIL LAKE BOULEVARD DESTIN, FL 32541

04062007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FE Number: 30-0017305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PULLEN, MONTGOMERY
1231 QUAIL LAKE BOULEVARD
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Montgomery L. Pullen 4/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PULLEN, MONTGOMERY 1231 QUAIL LAKE BOULEVARD DESTIN, FL 32541 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PULLEN, TOMMEY 4949 BRIGHTMOUR CIRCLE KEATON'S CREST ORLANDO, FL 32837 ☐ Delete	☐ Change ☐ Addition 200098047072 04/24/07--01004--017 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PULLEN, BARBARA 4949 BRIGHTMOUR CIRCLE KEATON'S CREST ORLANDO, FL 32837 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition B. REINSTATEMENT 06-07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Montgomery L. Pullen 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MONTGOMERY L. PULLEN, PRES.