

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 SEP 27 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000768

1. Corporation Name

Ice-Jacket, Inc.

2. Principal Office Address

6001 Cypress Hollow Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34109-5914

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2002

5. FEI Number

90-0000327

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

Davis Wolf

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

6001 Cypress Hollow Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109-5914

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]*

Date 09/22/06

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
DP	Davis Wolf	6001 Cypress Hollow Way	Naples, FL 34109-5914
			500080310855 09/29/06--01061--006 **450.00
		<i>[Signature]</i> 9/28	

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.

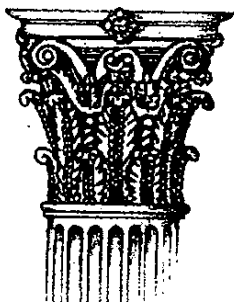
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/06

Daytime Phone #



**H. Michael Magruder, CPA LLC**

**2770 South Horseshoe Drive, Suite #1**

**Naples, FL 34104-6147**

**Phone (239) 649-3272**

**Fax (239) 649-3273**

**[www.mikemagruder.com](http://www.mikemagruder.com)**

September 6, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern;

Ice-Jacket, Inc. did not receive the annual report notice in the year of dissolution.

Sincerely

H. Michael Magruder, CPA