PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 14 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023768898
10/14/03--01003--001 **150.00

DOCUMENT # P02000067447

1. Corporation Name

ICE AGE, INC.

Principal Place of Business	Mailing Address
~~1412 CLASSIC DR.~~ ~~HOLIDAY FL 34691~~	~~1412 CLASSIC DR.~~ ~~HOLIDAY FL 34691~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
42160 US Hwy. 19	PO Box 2177
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tarpon Springs	Tarpon Springs
City & State Florida	City & State Florida
Zip 34689 Country USA	Zip 34688 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/18/2002

5. FEI Number: 01-0722141 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RICCARDO, THOMAS III	~~1412 CLASSIC DR.~~ 1365 S. Dixston Ave.	HOLIDAY FL 34691 Tarpon Springs FL 34689
		REINSTATEMENT 03	TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RICCARDO, THOMAS III ~~1412 CLASSIC DR.~~ ~~HOLIDAY FL 34691~~	Name Street Address (P.O. Box Number is Not Acceptable): 1365 S. Dixston Ave. Suite, Apt. #, Etc. City: Tarpon Springs State: FL Zip Code: 34689

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Thomas Riccardo
REGISTERED AGENT MUST SIGN

Date: 10/8/03

11. 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)(i), 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 Thomas Riccardo — 10/8/03 — 727-937-1066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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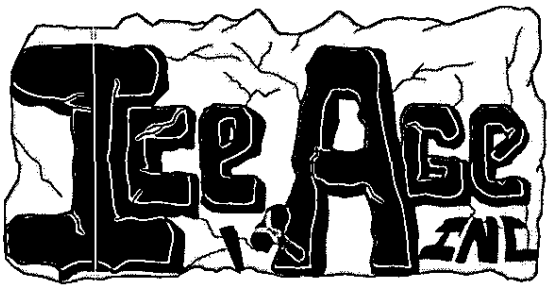

Commercial Refrigeration & Air Conditioning

To whom it may concern,

Enclosed is my application for reinstatement, along with payment. Any attempt to mail my previous notices apparently have been thwarted due to an incorrect address. When the bussiness was moved the proper mailing address changes were submitted. Now that I know when the applications are due I will certainly contact you If I do not receive one.

Thank you

Tammie Lowe

ICE AGE, INC.
P.O. Box 2177
Tarpon Springs, FL 34688