

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV -6 AM 11:07

FILED

DOCUMENT # P04000057856

1. Corporation Name

Icecream & Special Treats, Inc.

2. Principal Office Address

2361 N. University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip  
33065

Country  
US

3. Mailing Office Address

2361 N. University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip  
22065

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 4/6/2004

5. FEIN Number  
02-0719965

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

Marc C. Hollander

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

2361 N. University Drive

Suite, Apt. #, Etc.

City

Coral Springs, Florida

State  
FL

Zip Code  
33065

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

*Marc C. Hollander*

REGISTERED AGENT MUST SIGN

Date 11/3/06

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
PSTD	Mark C. Hollander	2361 N. University Drive	Coral Springs, Florida 33065

200081540588  
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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:

*Marc C. Hollander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/06

Date

Daytime Phone #

954-540-5722

B. Mitchell NOV 6 2006