2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000131383

BRANDON, FL 33511

City-St-Zip:

FILED Oct 22, 2009 Secretary of State

Entity Nar	ne: ICE IT BY	BEBE Z, INC.				
Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:		
	S DR SUITE D N, FL 33511		SUITE 2030	1210 MILLENNIUM PARKWAY SUITE 2030 BRANDON, FL 33511		
Current M	ailing Addres	s:	New Mailin	New Mailing Address:		
	S DR SUITE D N, FL 33511		SUITE 2030	1210 MILLENNIUM PARKWAY SUITE 2030 BRANDON, FL 33511		
FEI Number:	47-0945260	FEI Number Applied For ()	FEI Number Not Applic	cable () Certi	ficate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
100 NORT SUITE 190	V. THOMPSON H TAMPA STF 0 _ 33602 US		1210 MİLLEI SUITE 2030	GAGEL, SHARI S 1210 MILLENNIUM PARKWAY SUITE 2030 BRANDN, FL 33511 US		
	named entity s of Florida.	submits this statement for the p	urpose of changing its	s registered office o	or registered agent, or both,	
SIGNATUR	RE: SHARIG	AGEL			10/22/2009	
	Electron	ic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.			
	S AND DIREC	•	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ZIEGLER, BRE	M PKWY, SUITE 2030	Title: Name: Address: City-St-Zip:	()Chang	ge () Addition	
Title: Name: Address: City-St-Zip:	ZIEGLER, BRE	M PKWY, SUITE 2030	Title: Name: Address: City-St-Zip:	() Chang	ge () Addition	
Title: Name: Address: City-St-Zip:	THORN, W. TH	MPA STREET, SUITE 1900	Title: Name: Address: City-St-Zip:	()Chang	ge () Addition	
Title: Name: Address:	GAGEL, SHARI	Delete S M PKWY, SUITE 2030	Title: Name: Address:	()Chang	ge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHARI GAGEL DTS 10/22/2009