

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 15 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P15195

1. Corporation Name

Carbonic Distributors, Incorporated
2914 US Hiway 301 N
Tampa, FL 33619

500007169565--9
-08/16/02--01056--002
****300.00 ****300.00

2. Principal Office Address

2914 US Hiway 301 N

Suite, Apt. #, etc.

n/a

City & State

Tampa, FL 33619

Zip

33619

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/15/87

5. FEI Number

63-0679921

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

John Hinely

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

2914 US Hiway 301 N

Suite, Apt. #, Etc.

n/a

City

Tampa

State

FL

Zip Code

33619

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

REGISTERED AGENT MUST SIGN

Date 8/9/02

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
PD	John Hinely	2914 US Hiway N	Tampa, FL 33619
VD	John Vernon Hinely	1804 Merritt Park Drive	Orlando, FL 32800

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hinely

8/9/02
Date

813-626-2666
Daytime Phone #

CR2E081 (9/01)

8/15/02

Dry Ice Sales, Inc.

**2914 US 301 NORTH
TAMPA, FL 33619
(813) 626-2666**

August 9, 2002
Department of State
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RE: Carbonic Distributors, Incorporated

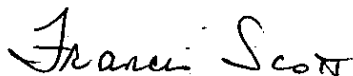
Enclosed please find both a Uniform Business Report (UBR) and Corporation Reinstatement form. Since this corporation was dissolved as of 9/21/2001, I was not sure which form was needed.

Please be aware that company management was totally unaware of this oversight. Our former controller, Ms. Linda Causey experienced a large number of emotional and family problems during late 2000 and early 2001. She went through a divorce, experienced a nervous breakdown and finally admitted to abusing drugs. Since her termination we have dealt with many problems to bring our department back to a current operational status. Fortunately we have had the understanding and cooperation of many, including Florida Dept of Revenue and the IRS. We are hoping that you too will understand that we just became aware of this situation and ask that you would kindly abate the penalty for reinstatement. As you can see, I have enclosed a check for \$300.00 to cover the normal annual report fee for two (2) years.

I am sure that our UBR forms will be submitted on time in the future.

Thank you for your consideration.

Sincerely,



Frances Scott
Controller

Enclosure(s)