

To:  
Subject RA3110.97071


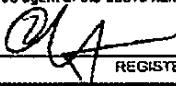

From: Ricky Soto

Friday, December 19, 2008 12:01 PM Page: 4 of 6

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
H08000276933 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 DEC 19 AM 8:01

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P93000077357</b>					
1. Corporation Name <b>ICEROCK EAST, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>6899 Phillips Industrial Blvd.</b>			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville, Florida</b>			City & State		
Zip <b>32256</b>	Country <b>USA</b>	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida <b>November 8, 1993</b>					
5. FEI Number <b>58-2086041</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name <b>Carl R. Spadaro</b> Street Address (P.O. Box Number is Not Acceptable) <b>11860 Mandarin Road</b> Suite, Apt. #, Etc. City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32223</b>					
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  Date <b>12/12/2008</b> 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	
<b>D</b>	<b>Carl R. Spadaro</b>	<b>11860 Mandarin Road</b>		<b>Jacksonville, Florida 32223</b>	
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:  <b>Carl R. Spadaro</b> Date <b>12/12/2008</b> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

REINSTATEMENT 08

CR2E081 (10/08)

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

H08000276933 3

12/18

To:  
Subject: RA3110.97071

From: Ricky Soto

Friday, December 19, 2008 12:01 PM Page: 3 of 6

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000276933 3)))



H08000276933ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

RA3110.97071.2

**CORPORATION REINSTATEMENT**

**ICEROCK EAST, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$908.75</del>

\$308.75

\* \$1600 Reinstatement Fee waived \*

Electronic Filing Menu

Corporate Filing Menu

Help