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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97 SEP 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000016080

American Ice Co.
P.O. Box 901662
Homestead, Florida 33090

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 2/24/94

5. FEI Number: 65-0541406

FEI Number Applied For
FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use P.O. Box Number) 3	City / State / Zip 4
Pres.	Ivo Valdes	1350 W. Mowry Drive Homestead	33035

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SL 10-2-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Carlos Lopez
2400 S. Dixie Highway
Suite 105
Miami, FL 33133

9. If changed, new registered agent / office

Name: Gregory J. Ritter, Esq.
Street Address (Do NOT Use P.O. Box Number): 7000 W. Palmetto Pk. Rd., Suite 400
City: Boca Raton
State: FL
Zip: 33433

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.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN
Date: 9/24/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director
Date: 9/23/97

Typed or printed name of signing officer or director
Daytime Phone # 305-245-4777