

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

pg. 1062

DOCUMENT # P94000051498

1. Corporation Name

Icelandia Pure, Inc.

(~~W98-1289~~)

FILED

98 MAR 10 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6018 Jamestown Park
Orlando, FL 32819

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3283243

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Björnsson, Petur	6018 Jamestown Park	Orlando, FL 32819
			100002456591--2
			-03/13/98--01060--005
			***163.75 ***163.75

REINSTATEMENT 95-98

A. Alan
3/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Drage, Thomas B. Jr.
332 North Magnolia Avenue
Orlando, FL 32801

Name

100002456591--2

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

-03/13/98--01060--005

Suite, Apt. #, Etc.

***1080.00 ***1080.00

City

State

Zip Code

FL

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

THB

REGISTERED AGENT MUST SIGN

Date

(See attached signature)

11. 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.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. Petur Björnsson

January 9, 1998

Date

354 52 52 500

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

pg. 2 of 2

DOCUMENT # P94000051498

1. Corporation Name

ICELANDIA PURE, INC.

Principal Place of Business

6018 JAMESTOWN PARK
ORLANDO FL 32819

Mailing Address

6018 JAMESTOWN PARK
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1994

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 Post Office Box Numbers) 3	City / State / Zip 4
PD	BJORNSSON, PETUR	6018 Jamestown Park	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

DRAKE, THOMAS B JR
120 S. ORANGE AVE.
ORLANDO FL 32801

address correction only

9. Name and Address of New Registered Agent

Name

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

332 North Magnolia Avenue

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

THOMAS B. DRAKE

REGISTERED AGENT MUST SIGN

Date

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

COPY