

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 28 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P96000066452

BEAR ICE, INC.

2. Principal Office Address

4405 West Tradewinds Av. 4405 West Tradewinds Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale By The Sea FLA. Lauderdale By The Sea FLA.

Zip

Country

33308

U.S.A.

Zip

Country

33308

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1996

5. FEI Number

650697528

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

Ben I. Farbstein

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

3109 Stirling Road, Suite 101

Suite, Apt. #, Etc.

Emerald Lake Corporate Park

City

Ft. Lauderdale

State
FL

Zip Code
33322

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 8/23/96

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
D	Bryce Statham	4405 West Tradewinds Av.	Lauderdale By The Sea7 FL 33308
D	Baron Skorish	4405 West Tradewinds Ave	Lauderdale by The Sea FL 33308

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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARON SKORISH



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 447602 101049A

AUTHORIZATION : *Patricia Pignata*

COST LIMIT : \$ 1200.00

ORDER DATE : August 28, 2001

ORDER TIME : 11:08 AM

ORDER NO. : 447602-005

CUSTOMER NO: 101049A

CUSTOMER: Ben I. Farbstein, Esq
Ben I. Farbstein, Esq
Suite 101
3109 Stirling Road
Fort Lauderdale, FL 33312-6558

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 28 AM 11:20

NOT INTERFERED
TO KNOWLEDGE
SUFFICIENCY OF FILING

NAME: BEAR ICE, INC.

STATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____