

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hottel
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066452

1. Corporation Name

BEAR ICE, INC.

Principal Place of Business

4405 WEST TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4405 WEST TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1996

5. FEI Number

65-0697528

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 3	City / State / Zip 4
D	STATHAM, BRYCE	4405 WEST TRADEWINDS AVENUE	LAUDERDALE BY THE SEA FL 33308
D	SKORISH, BARON	4405 WEST TRADEWINDS AVENUE	LAUDERDALE BY THE SEA FL 33308

700024510227
11/07/03--01058--006 **750.00

8. Name and Address of Current Registered Agent

FARBSTEIN, BEN I
3109 STIRLING RD., STE. 101
EMERALD LAKE CORPORATE PARK
FORT LAUDERDALE FL 33322

9. Name and Address of New Registered Agent

Name: BARON - SKORISH
Street Address (P.O. Box Number is Not Acceptable)
4405 W. TRADEWINDS
Suite, Apt. #, Etc.:
City: FT LAUDERDALE State: FL Zip Code: 33308

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Baron Skorish

Date

10-8-03

11. 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

Baron Skorish

Date

10-8-03

Daytime Phone #

954-6179

CR20040 (7/00)