

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000074289

1. Corporation Name

THE ICE HOUSE OF STUART, FLORIDA, INC.

Principal Place of Business

% NORTON VINY
6854 ISLE WAY
STUART FL 34996

Mailing Address

% NORTON VINY
6854 ISLE WAY
STUART FL 34996

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1996

5. FEI Number

65-0693236

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VSTD	VINY, NORTON	6854 ISLE WAY	STUART FL 34996
PD	LIBERA, BENJAMIN	2395 S.E. OCEAN BLVD.	STUART FL 34996
NO LONGER ON CORP. PAPERS			
4000002362154-9 -12/03/97-01070-017 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

VINY, NORTON
6854 ISLE WAY
STUART FL 34996

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

NORTON VINY PRES.

Date 11-25-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE

PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

NORTON VINY

PRES 11-25-97

Date

561-225-3888

Daytime Phone #