

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**98-99AR**

FILED

99 JAN 28 PM 12:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **P97000102565**

**IVETTE'S ICE CREAM, CORP**

Principal Place of Business: **4824 HWY 17 DELEON SPRINGS, FL 32130**  
 Mailing Address: **P.O. BOX 1429 DELEON SPRINGS FL 32130**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/5/97	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3448203	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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)**

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	DOMINGO GALINDEZ	162 S. SHERIDAN AVE.	DELAND, FL 32720
D	LAZARO AVILES	162 S. SHERIDAN AVE.	DELAND, FL. 32720

000002766916--1  
 -02/08/99--01013--023  
 \*\*\*308.75 \*\*\*308.75

**B. Name and Address of Current Registered Agent**

**WALDEMAR LUGO**  
**705 FRENCH AVENUE STE C**  
**SANFORD, FL. 32771**

**9. Name and Address of New Registered Agent**

Name: **DOMINGO GALINDEZ**  
 Street Address (P.O. Box Number is Not Acceptable): **162 S. SHERIDAN AVENUE**  
 Suite, Apt. #, Etc.:  
 City: **DELAND** State: **FL** Zip Code: **32720**

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: *Domingo Galindez*  
 REGISTERED AGENT MUST SIGN

Date: **1/22/99**

11. This corporation owes 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)(j), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Domingo Galindez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (904) 740-9844  
 Date Daytime Phone #

CP2E081 (12/98)

IVETTE'S ICE CREAM, CORP.  
P.O. BOX 1429  
DELEON SPRINGS, FL. 32130

JANUARY 25, 1999

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

DEAR SIR/MADAM,

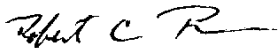
THE 1998 CORPORATE ANNUAL REPORT WAS SENT TO MR. WALDEMAR LUGO WHO WAS THE ACCOUNTANT FOR THIS CORPORATION. MR. LUGO DEFRAUDED THIS CORPORATION OUT OF CONSIDERABLE FUNDS BY TAKING CHECKS FOR REIMBURSEMENTS OF TAXES HE NEVER PAID. THIS PAST SUMMER, HE FLED THE COUNTRY AND DESTROYED ALL OF OUR CORPORATE RECORDS INCLUDING BANK STATEMENTS AND CANCELLED CHECKS.

I SPOKE WITH YOUR OFFICE REGARDING THIS PROBLEM AND WAS TOLD WE COULD BE REINSTATED FOR THE REGULAR FEE OF \$150 FOR EACH OF 1998 AND 1999. ENCLOSED IS OUR CHECK FOR \$308.75 FOR THE TWO YEARS AND A CERTIFICATE OF STATUS FOR 1999.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (904) 740-8788.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,



ROBERT C. BROWN,  
CORPORATE ACCOUNTANT