

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 NOV -3 PH 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000048959**

1. Corporation Name

INSTAFREEZE, INC.

100003452311--7
-11/06/00--01002--017
****802.50 ****758.75

2. Principal Office Address

2989 West S.R. 434

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32779

Country

Zip

Country

REINSTATEMENT **2000**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593516009

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

Michael G. Lea

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

317 East Virginia Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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 **11/3/00**

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	Michael G. Lea	317 East Virginia Street	Tallahassee, FL 32301
D	Mark Lajeunesse	2989 West S.R. 434, Ste. 200	Longwood, FL 32779

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00
Date

Daytime Phone #