

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000069544**

1. Corporation Name

ALL STAR MIAMI ICE, INC.

2. Principal Office Address

1621 16th Ave SW

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

Country

34117

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-05-1999

5. FEI Number

65-0932024

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

Ivan Diaz

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

1621 16th Ave SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

X 1/12/04

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
P/S/T/D	Ivan Diaz	1621 16th Ave SW	Naples, FL 34117

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 1/12/04

Daytime Phone #

CR2E081 (10/02)

All Star Miami Ice, Inc.
1621 16th Avenue SW
Naples, FL 34117
(239) 253-6732

December 16th, 2003

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: Corporation administratively de-solved

Dear DOS:

I recently was notified by my Accountant that our Corporation's UBR was not filed for this year 2003. We informed him that we never received the form. It is apparent that we changed our address over year ago and did not receive the UBR form.

I am enclosing a check in the amount of \$150. Please accept this payment for 2003 UBR fee.

Sincerely,



Ivan Diaz
President
All Star Miami Ice, Inc.