

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name		Mailing Address		Principal Place of Business	
Ice House Pub Inc (534774)		170 CELESTIAL WAY BUILDING 2 UNIT-4 JUNO BEACH FL 33408		JUNO BEACH FL 33408	
2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2-28-91	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0243874	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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		
	CARL HANLEY	170 CELESTIAL WAY B-2 UNIT 4	JUNO BEACH FL 33408		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name CARL HANLEY		
			Street Address (P.O. Box Number is Not Acceptable) 170 CELESTIAL WAY		
			Suite, Apt. #, Etc. B-2 - UNIT 4		
			City JUNO BEACH FL		
			State FL Zip Code 33408		
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 Carl Hanley					
Date 8/7/96					
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Carl Hanley					

CR2040 (6/94)