

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582416

1. Corporation Name

M.U. Ice Cream, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

128 South Fed. Hwy

3. Mailing Office Address

128 South Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/1991

5. FEI Number

59-2364317

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

Tracy Newmark, Esquire

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

3850 Hollywood Boulevard

Suite, Apt. #, Etc.

#300

City

Hollywood,

State
FL

Zip Code

33021

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

Tracy Newmark
REGISTERED AGENT MUST SIGN

Date

11/24/04

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.D.	Monroe Udeh	128 South Federal Highway	Dania Beach, FL 33004

500043214075

12/06/04--01/05/05--003 **900.00

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:

Monroe Udeh - Monroe
Udeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/04

Daytime Phone #

(954)
923-4445

CR2081 (01/04)