PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted] 99AR

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

FILED
99 APR 22 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S94658

1. Corporation Name

COMMERCIAL ICE OF FLORIDA

Principal Place of Business / Mailing Address

22783 S. State Rd. 7 Ste.133
Boca Raton, FL 33428 US

300002856613--8
-04/29/99--01083--002
****150.00 ****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

c/o Barbara Evert Acct.

Suite, Apt. #, etc
4699 N. Fed. Hwy.Ste206E

City & State
Pompano, FL

Zip: 33064 | Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/91

5. FEI Number: 65-0416768 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Officer/Director/President Essa, John	10926 Winding Creek Lane	Boca Raton, FL 33428

8. Name and Address of Current Registered Agent

Essa, John
10926 Winding Creek Lane
Boca Raton, FL 33428 US

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

CR2E087 (12/98)

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

Date

REGISTERED AGENT MUST SIGN

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)(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: [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/99

954-942-0001
[redacted]
Daytime Phone #

AD