PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JAN -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594658

1. Corporation Name
Commercial Ice Machines of Florida, Inc.

000189321110
01/04/11--01017--006 **750.00

REINSTATEMENT 10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9850 Sandalfoot Blvd	
Suite, Apt. #, etc Suite 121	Suite, Apt. #, etc.
City & State Boca Raton, Florida	City & State
Zip 33428	Country USA
	Zip
	Country

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. **Name and Address of Current Registered Agent**

Name: John L. Essa

Street Address (P.O. Box Number is Not Acceptable): 9850 Sandalfoot Boulevard

Suite, Apt. #, Etc: Suite 121

City: Boca Raton | State: FL | Zip Code: 33428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/29/10
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
P/D	John L. Essa	9850 Sandalfoot Blvd, Ste 121	Boca Raton, FL 33428

1/4/11

10. **E-mail Address:** S.May.JR@hotmail.com
(To be used for future annual report notification)

11. 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 on the filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.1401 or 617.1401, F.S., and all fees owed by the corporation have been paid. I further certify 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] 12/29/10 561-477-6944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #