

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000098634

Entity Name: ICE THERAPIES, INC.

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

202 S. WHEELER STREET
PLANT CITY, FL 33563 US

New Principal Place of Business:

44050 ASHBURN PLAZA
SUITE 195
ASHBURN, VA 20147 US

Current Mailing Address:

202 S. WHEELER STREET
PLANT CITY, FL 33563 US

New Mailing Address:

44050 ASHBURN PLAZA
SUITE 195
ASHBURN, VA 20147 US

FEI Number: 20-1749366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REIBER, SAM I
3821 HENDERSON BOULEVARD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

NOVAK, TIM S
8374 MARKET STREET
439
BRADENTON, FL 34202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIM NOVAK

10/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REIBER, SAM I
Address: 202 S. WHEELER STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP () Delete
Name: REIBER, SAM I
Address: 202 S. WHEELER STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: ST (X) Delete
Name: WRIGHT, CAROLE R
Address: 202 S. WHEELER STREET
City-St-Zip: PLANT CITY, FL 33563 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOVAK, TIM S
Address: 44050 ASHBURN PLAZA
City-St-Zip: ASHBURN, VA 20147 US

Title: ST (X) Change () Addition
Name: GRAY, ROBERT P
Address: 44050 ASHBURN PLAZA
City-St-Zip: ASHBURN, VA 20147 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM NOVAK

P

10/17/2005

Electronic Signature of Signing Officer or Director

Date