

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

**FILED**

99 OCT 29 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L 98000003218**

IC Ventures LLC  
300 South Pointe Drive  
Apt. 1502  
Miami Beach, FL 33139

1a. Principal Place of Business Address  
IC Ventures LLC  
300 South Pointe Drive  
Apt. 1502  
Miami Beach, FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 12/17/98	3a. State of Formation Florida
4. FEI Number 65-0901055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
American Information Services, Inc. One S.E. Third Avenue, 28th Floor Miami, FL 33131		Name <b>REINSTATEMENT</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Marybeth Legiel, Vice President* Date *10/26/99*

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Ingrid Casares	300 South Pointe Drive, Apt. 1502	Miami Beach, FL 33139  100003047861--3 --11/17/99--01102--009 ****150.00 ****150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager *Ingrid Casares* Date *Oct 26, 99* Daytime Phone # *3055329154*

Type or printed name of signing Managing Member/Manager Ingrid Casares