

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 11 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043353

1. Corporation Name
IKAROS, INC.

300012307513
02/11/03--01023--023 **900.00

2. Principal Office Address
9906 GULF DRIVE

3. Mailing Office Address
PO BOX 2114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ANNA MARIA, FL

City & State
ANNA MARIA, FL

Zip Country
34216 USA

Zip Country
34216 USA

4. Date incorporated or Qualified
To Do Business in Florida 05/01/2000

5. FEI Number
651011463

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
KENNETH J. JACKSON

Street Address (P.O. Box Number is Not Acceptable)
9906 GULF DRIVE

Suite, Apt. #, Etc.

City
ANNA MARIA

State Zip Code
FL 34216

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 *Kenneth Jackson*
REGISTERED AGENT MUST SIGN

Date 2-6-03

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
D,P,S,T	KENNETH J. JACKSON	9906 GULF DRIVE	ANNA MARIA, FL 34216

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: *Kenneth Jackson - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-6-03
Daytime Phone #

Kenneth Jackson - President

2/14

CR2E001 (10/02)

REINSTATEMENT 02-03