


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

FILED

02 JAN 18 PM 4:11

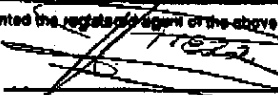
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0000082054					
1. Corporation Name ICP INTERNATIONAL CORPORATION					
2. Principal Office Address 7258 NW 70TH ST			3. Mailing Office Address 7258 NW 70TH ST		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State MIAMI FL		City & State MIAMI, FL			
Zip 33166	Country	Zip 33166	Country		

4. Date Incorporated or Qualified To Do Business in Florida		Applied For	
5. FBI Number 65-1056361		Not Applicable	
6. CERTIFICATE OF STATUS DEEBED <input type="checkbox"/>			

7. Name and Address of Current Registered Agent			
Name HORACIO L PIERRI			
Street Address (P.O. Box Number is Not Acceptable) 7258 NW 70TH ST			
Suits, Apt. #, Etc.			
City MIAMI FL	State FL	Zip Code 33166	

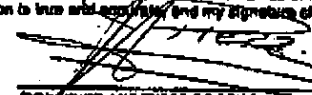
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0803 or 617.0803, F.S.

Signature of Registered Agent:  Date: 1/17/2002 **LS**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PIERRI, HORACIO L	7258 NW 70TH ST	MIAMI FL 33166
D	CORNIDE, GUILLERMO	7258 NW 70TH ST	MIAMI FL 33166

10. I certify that I am an officer or director of 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., and 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(9)(f), 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:  Date: 1/17/2002

PRINT NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

20/2

**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000018066 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ICP INTERNATIONAL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00