## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION... **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Jim Smith ary of State

OF CORPORATIONS

DOCUMENT #

00093859

1. Corporation Name

INTERNATIONAL CONSTRUCTION & ENGINEERING, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

2190 COLUMBIA BLVD TITUSVILLE FL 32780

SIGNATURE:

2190 COLUMBIA BLVD TITUSVILLE FL 32780

FILED

02 NOV -4 PH 5: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. S City & State C			3. New M	New Mailing Office Address, If Applicable Suite, Apt. #, etc.  City & State			Date Incorporated or Qualified     To Do Business in Florida     09/26/2001		
			Suite, Apt.				5. FEI Number  Applied For Not Applicab  6. CERTIFICATE OF STATUS DESIRED   \$88.75 Additional Fee requirements for a Certificate of Status		
			City & Stat						
			Zip		Carrata				
7. Names	and Street Add	resses of Each Officer an	d/or Director (F	lorida nonprof	it corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / State / Zip		
D	KREINER, CELESTE R			2180 CC	2180 COLUMBIA BLVD		TITUSVILLE FL 32780		
D	KRZYWICKI, LESA A			2160 CC	2160 COLUMBIA BLVD		TITUSVILLE FL 32780		
D	KREINER, JONATHAN S			2180 COLUMBIA BLVD		TITUSVILLE FL 32780			
D	D KRZYWICKI, TERRY L			2160 COLUMBIA BLVD			TITUSVILLE FL 32780		
					n pina a Pina g A	<b>DO</b> 11/04/	000877886 0201041022 **	1 <b>0</b> 150.00	
	k.				i i i i i i i i i i i i i i i i i i i		-		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
NDCINED OF FOTE D					Name	Name			
KREINER, CELESTE R 2180 COLUMBIA BLVD TITUSVILLE FL 32780					Street Address (P.O. Box Number Suite, Apt. #, Etc.		r is Not Acceptable)		
					City		State FL	Zip Code	
10. I, being	g appointed the	registered agent of the a	bove named co	rporation, am f	amiliar with and accept the	e obligations of Sec	tion 607.0505, F.S. or 617.0505,	F.S.	
Signature o	of Agent	Marifel	PECIETE PE		QUIRED	)	Date <u> </u>		
		<u></u>	REGISTERED	AGENI MUSI	SIGN				



October 23, 2002

Division of Corporations
Department of State
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed the completed application for reinstatement and the filing fee of \$150.00.

We request a waiver of the reinstatement fee penalty since we did not receive the two prior uniform business report (UBR) notices.

Sincerely.

Terry L. Kreyvicki, PE

Chler Executive Officer